

ÖGK at a glance

Benefits and services 2025



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All information and values refer to the applicable provisions as of 1 January 2025.

ASVG = General Social Insurance Act

Our ÖGK

The Austrian Health Insurance Fund (ÖGK) is the largest statutory health insurance fund in Austria. It looks after around 7.6 million people. With ÖGK, you are well looked after – at every stage of your life.

Well looked after

We protect you in the event of illness and help you to get well again. But we also support you in staying healthy and living a healthy life. We are also a reliable and competent partner during pregnancy. Our benefits include benefits in kind (e.g. medical assistance, medication, hospital treatment, home nursing care, medical aids, patient transport, preventive care) and cash benefits (e.g. sickness benefit, weekly allowance, reintegration allowance, rehabilitation allowance).

Over 20,000 contractual partners, such as doctors, therapists, hospitals, transport services and providers of medical aids, provide healthcare services on behalf of ÖGK. We also operate 89 healthcare facilities at 70 locations. Your e-card gives you access to the large medical care network throughout Austria.

ÖGK is mainly financed by statutory health insurance contributions from employees and their employers. Pensioners also pay contributions.



Careful management of the insurance premiums entrusted to us ensures the sustainable efficiency of our social and healthcare system. They form the strong foundation of our social health insurance. ÖGK is more than just a health insurance company. The Austrian system of compulsory insurance has many advantages over the regulations in other countries, where people are often not protected at all or insufficiently protected against risks.

Protection for all

In contrast to private insurance, compulsory insurance automatically protects everyone who is gainfully employed domestically – regardless of income, gender or age. Nobody can be excluded because they need expensive medication, need more benefits in old age, have a low income or have become unemployed. In most cases, dependants are also

insured free of charge. This creates a large community of insured persons based on solidarity, which equalises the individual risks.

Socially just and affordable

The amount of health insurance contributions depends on your income.

Higher earners take on part of the financing of benefits for people with lower incomes in the spirit of solidarity. This means that all insured persons are equally entitled to high-quality healthcare when they need it – regardless of how much they have paid in.

No risk exclusion

People with high health risk factors, pre-existing conditions and chronic illnesses are not excluded from health insurance cover. The amount of the premiums is also not dependent on the health risk.

No waiting periods

Anyone who fulfils the legal requirements is automatically insured and the cover applies from the first day. This means that benefits can be claimed immediately from the start of the insurance.

My health insurance premium

You will see the social security premium on your payslip. The majority of this goes to pension insurance and part to unemployment insurance. The health insurance contribution for employees and workers is 3.87 per cent of their salary or wage.

Employers also pay social security contributions for their employees. Pensioners pay 5.10 per cent of their pension as a health insurance premium.

How high is the health insurance premium?

Gross monthly earnings	Employee
EUR 1,000.00	EUR 38.70
EUR 2,000.00	EUR 77.40
EUR 3,000.00	EUR 116.10
EUR 4,000.00	EUR 154.80
EUR 5,000.00	EUR 193.50
EUR 6,450.00 and above	EUR 249.62 (highest premium payment)

Well insured

My compulsory insurance

The principle of compulsory insurance has proven its worth in Austria since the end of the 19th century and is an excellent basis for one of the best healthcare systems in the world. Compulsory insurance means that the law automatically brings people together to form a community of insured persons if certain conditions are met. No application is necessary.

The following persons, among others, are compulsorily insured with ÖGK:

- Employed persons
- Apprentices and trainees
- Pensioners
- Recipients of benefits from the unemployment insurance scheme
- Recipients of childcare allowance
- Recipients of a benefit under the minimum security and social assistance laws of the federal states
- Recipients of rehabilitation allowance
- Asylum seekers
- War survivors

My co-insurance

From newborn babies to senior citizens. From stepchildren to carers. The group of protected persons is much larger than the group of our insured

persons. Not only insured persons can use the services of ÖGK. Many of their family members (dependants) are also insured with ÖGK – usually free of charge. As a rule, relatives must have domestic habitual residency and must not have statutory health insurance themselves.

Requirements for the status of a relative

- Domestic habitual residency (exception: Children during education or vocational training abroad)
- No own health insurance according to the ASVG or another law
- No entitlement to health care from a health care institution of a public employer
- There is no reason for exclusion (see page 16)



What you need to do

Complete the form "Verification of eligibility for dependants". You can hand it in at any ÖGK customer service centre or send it to us by post or email. You can get the verification form from our customer service centres or on our website at www.gesundheitskasse.at.

The following pages provide a compact overview of the groups of people who are considered dependants. You will find the necessary requirements and the required documentation in the table.

What else you should know

Children are generally insured until they reach the age of 18. In addition, a check form must be completed.

In certain situations, no verification form is required for the extension of co-insurance for children who have reached the age of 18. The co-insurance is automatically extended by us if the child is registered with ÖGK and there is a recognised entitlement to family allowance.

If these two conditions are met, the tax office informs the ÖGK electronically that the child is still entitled to family allowance after the age of 18.

It is therefore no longer necessary to submit proof of entitlement to family allowance. If no family allowance is received for the child, please submit the relevant evidence to us.

Children **up to** the age of 18*

*) If the second reason for exclusion does not apply (see list on page 16)

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	REQUIRED DOCUMENTS
Children	None		After the age of 18. In addition, see under the heading: "Children after the age of 18".	<ul style="list-style-type: none"> • Birth certificate • Confirmation of adoption or court order
Adopted children				<ul style="list-style-type: none"> • (Corrected) birth certificate
Stepchildren	<ul style="list-style-type: none"> • Permanent domestic partnership with the insured person 		After the age of 18. In addition, see under the heading: "Children after the age of 18". (The requirements are checked on a regular basis by ÖGK. If the requirements for entitlement continue to be met, the co-insurance will be officially extended.)	<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Birth certificate • Current marriage certificate of the step-parent
Grandchildren				<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Birth certificate of the grandchild • Birth certificate of the parent (direct line)
Foster children	<ul style="list-style-type: none"> • Free catering by the insured person 			<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Birth certificate
	<ul style="list-style-type: none"> • The care relationship is based on official authorisation 			<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Birth certificate • Official care licence
	<ul style="list-style-type: none"> • Foster children related by blood or marriage (care and upbringing by the insured person, certain degree of relationship by blood or marriage and permanent domestic partnership required) 			<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Documents proving the relationship by blood or marriage

Children **after** the age of 18*

*) Children are considered dependants until they reach the age of 18. In addition, health insurance cover can be extended under the following conditions and if the 2nd reason for exclusion does not apply (see list on page 16).

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	ADDITIONAL DOCUMENTS REQUIRED
If the child is in education or vocational training	Recognised school or vocational training that predominantly requires the child's labour.		Max. until the age of 27 (Time limit: 30 November of the calendar year in which the confirmed school attendance ends)	<ul style="list-style-type: none"> Confirmation of school attendance per school year Confirmation of training or course
	<ul style="list-style-type: none"> Regular studies in the first stage of studies or Bachelor's degree programme Studies are pursued seriously and purposefully 		Max. until the age of 27 (Time limit: 30 November of the calendar year in which the end of the academic year falls)	<ul style="list-style-type: none"> If family allowance is received for the child, proof of this If no family allowance is received: <ul style="list-style-type: none"> Confirmation of continuation as a regular student per academic year Confirmation of academic achievement (passed examinations totalling eight semester hours per week or at least 16 ECTS credits) - not required in the first year of study
	Regular studies in the second stage of studies or Master's or Doctorate degree programme		Max. until the age of 27 (Time limit: 30 November of the calendar year in which the end of the academic year falls)	<ul style="list-style-type: none"> Proof of successful completion of the first diploma examination or the first viva voce examination or completion of a Bachelor's degree programme Confirmation of continuation as a regular student
If the child is unable to work due to illness or infirmity	After the age of 18 (or since completion of education or vocational training)		Variable	<ul style="list-style-type: none"> If increased family allowance is received, proof of this If no increased family allowance is received, current medical report from a specialist
If the child is unemployed	After the age of 18 (or since completion of education or vocational training)		For a maximum of 24 months after the age of 18, following recognised education/vocational training or recognised studies (maximum up to the age of 29)	<ul style="list-style-type: none"> Proof of completion of school/vocational training, studies Confirmation from the insured person that he/she is unemployed
If the child participates in a European Union programme to promote the mobility of young people	After the age of 18		Max. up to the age of 27	<ul style="list-style-type: none"> Confirmation of participation in the EU programme

Spouse or registered partner

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	REQUIRED DOCUMENTS
Spouse	Reasons for exclusion do not apply (see list on page 16)		Unlimited	<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Marriage certificate
Registered partner				<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Partnership certificate

Related household member

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	REQUIRED DOCUMENTS
A household member from the group of parents, adoptive parents, step-parents and foster parents, children, adopted children, stepchildren and foster children, grandchildren or siblings	<ul style="list-style-type: none"> • Domestic partnership with the insured person for at least ten months • Unpaid housekeeping by the relative/relatives • No spouse or registered partner of the insured person who is able to work lives in the joint household • Reasons for exclusion do not apply (see list on page 16) • The status of a relative is maintained even if the person deemed to be a relative is no longer able to run the household 		Unlimited (The requirements are checked on a regular basis by ÖGK. If the requirements for entitlement continue to be met, the co-insurance will be officially extended.)	<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Documents as proof of the family relationship

Non-related head of household

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	REQUIRED DOCUMENTS
A household member who is not related to the insured person (cohabiting partner)	<ul style="list-style-type: none"> • Domestic partnership with the insured person for at least ten months • Unpaid housekeeping by the relative(s) • There is no spouse or registered partner capable of working living in the same household • The status of a relative is maintained even if the person deemed to be a relative is no longer able to run the household • Reasons for exclusion do not apply (see list on page 16) 		Unlimited (The requirements are checked on a regular basis by ÖGK. If the requirements for entitlement continue to be met, the co-insurance will be officially extended.)	<ul style="list-style-type: none"> • Check form "Eligibility for relatives"

Caring relative/family carer

GROUP OF PEOPLE	REQUIREMENTS		DURATION (TIME LIMIT)	REQUIRED DOCUMENTS
<ul style="list-style-type: none"> • Spouse • Registered partner • Persons who are related by blood or marriage to the person in need of care in a direct line or up to the fourth degree of the collateral line • Selected children, stepchildren, foster children • Selected, step and foster parents • A person not related to the insured person who has lived with them for at least ten months in the same household and has been running the household for them free of charge for this period if there is no spouse or registered partner capable of work living in the same household 	<ul style="list-style-type: none"> • The family carer cares for the insured person who is entitled to a care allowance of at least level 3 according to the Federal Care Allowance Act or according to the provisions of the provincial care allowance acts • The care is not provided for gainful employment in a home environment • Caring for a relative mainly requires the relative's labour • Reasons for exclusion do not apply (see list on page 16) 		Unlimited (The requirements are checked on a regular basis by ÖGK. If the requirements for entitlement continue to be met, the co-insurance will be officially extended.)	<ul style="list-style-type: none"> • Check form "Eligibility for relatives" • Certificates for complete proof of relationship (e.g. birth certificates, marriage certificates, registration certificates) • If care is to be provided by a non-related head of household, the eligibility requirements as a non-related head of household must first be met

Reasons for exclusion from the status of next of kin

Spouses, registered partners, household members, cohabiting partners or family carers are only deemed to be dependants if they do not belong to one of the following groups of people:

- Persons who belong to the group of self-employed freelancers. These include doctors, lawyers, patent attorneys, notaries, self-employed pharmacists and chartered accountants. All these persons also receive a pension under Federal Law on the Social Insurance of Self-Employed Persons (FSVG), the Commercial Social Insurance Act (GSVG) or the Notary Insurance Act 1972 (NVG)/

the Notary Pension Act (NVG 2020). The same applies if they receive a retirement, disability or death benefit from an institution of their legal professional representation

- Persons who pursue gainful employment abroad that, had it been pursued in Austria, would give rise to compulsory statutory health insurance under the ASVG or another act. Or persons who receive a pension on the basis of such gainful employment. This applies accordingly to employment with an international organisation and the receipt of a pension on the basis of this employment. This applies to all family members, including children
- For self-insured persons with health insurance (§ 16 ASVG), the group of eligible dependants is limited to spouses, registered partners, children and grandchildren.

Premium-based co-insurance

The legislator has stipulated that an additional premium must be paid for certain co-insured family members.

An additional premium must be paid for co-insured spouses, registered partners and persons running the household if the co-insured person:

- Is not bringing up a child living in the same household (including adopted children, stepchildren, foster children or grandchildren) or
- Has not raised a child living in the same household for at least four years in the past (this also includes

child-raising periods from a previous relationship or as a single parent) or

- Is not entitled to care allowance from level 3 or
- Is not caring for an insured person who is entitled to care allowance from level 3

Furthermore, if the insured person does not receive sickness, weekly or unemployment benefits or unemployment assistance or if social protection needs are established.

The additional premium is prescribed to the insured person by us. It is the insured persons and not their dependants who have to pay this. The additional premium amounts to 3.40 per cent of the basic premium (pension or other income). For insured persons who are employed, the basic premium is the earned income subject to social insurance premiums (including special payments). For pensioners with health insurance, the basic premium is the current monthly pension payment plus special payments. In the case of self-insured persons in health insurance, the basic premium used for this is the basis for calculation. In the case of multiple insurance, the additional premium from each individual employment relationship must be paid up to the respective maximum basic premium.

The additional premium for dependants is only provided for the duration of their co-insurance. ÖGK checks

whether the additional premium for co-insurance is payable. The insured person may receive a questionnaire and an information sheet. If we do not receive a reply from you, we will have to impose the additional premium on you.

The additional premium for relatives does not remain with ÖGK, but flows into the federal budget via the hospital financing system.

e-card for co-insured relatives

Babies are automatically sent their own e-card after birth as soon as ÖGK has received the birth certificate from the civil status authority. All other family members will automatically receive their e-card from ÖGK once they have been registered in our data system – unless they already have an e-card.

Voluntary insurance

Don't have statutory health insurance? Please enquire whether you are covered by co-insurance before submitting your application.

Persons who are not compulsorily insured in a statutory health insurance scheme can apply for self-insurance – as long as they are domestic residents. This is the so-called "voluntary health insurance according to § 16 ASVG". If the required pre-insurance periods have been completed, insured persons are immediately entitled to health insur-



ance benefits for themselves and their eligible dependants; otherwise after a waiting period of six months. The entitlement extends to all benefits in kind such as medical treatment, medication, hospitalisation, remedies or aids.

The monthly premium is currently 526.79 euros. You have the option of applying for a reduction in the basic premium. Enclose all proof of income with your application.

Self-insurance ends with the start of compulsory insurance or at the end of the calendar month in which you declare your withdrawal in writing.

In principle, however, self-insurance ends after six consecutive calendar months have passed, at the earliest. Exceptions are if the requirements cease to apply or in the case of deregistration due to the commencement of family status. The insurance also ends if the premiums due for two calendar months have not been paid.

Additional benefits for students

There are additional allowances for students. On the one hand, there is no waiting period; on the other hand, domestic habitual residency is sufficient. The following also applies: The monthly premium is 73.48 euros. The subsidised student insurance is subject to income limits and duration of study. Please enquire at one of the more than 100 ÖGK customer service centres throughout Austria.

Special regulation in the case of caring for a close relative or a disabled child

There is also relief for people who care for a close relative or a disabled child: the waiting period and the blocking period are cancelled. The contributions for self-insurance are borne by the equalisation fund for family allowances.

Both forms of self-insurance are subject to certain conditions:

- The absence of compulsory insurance and the possibility of co-insurance
- The existence of social vulnerability (according to the guidelines for exemption from the prescription fee)
- The predominant use of labour due to home care by the applicant

In the case of caring for a disabled child, increased family allowance must be granted for the disabled child and in the case of caring for a close relative, there must be an entitlement to care allowance of at least level 3.

We recommend that you contact the ÖGK insurance service.

Self-insurance for part-time/marginal employment

Part-time employees resident in Austria can insure themselves for health and pension insurance at a current monthly premium of 77.81 euros. This is referred to as "self-insurance in health and pension insurance in accordance



with § 19a ASVG". The prerequisites are that you are only employed part-time and do not yet have compulsory health and/or pension insurance. The remuneration you receive must not exceed the applicable marginal earnings threshold. This changes every year and is adjusted to the inflation rate. In 2025, it is 551.10 euros.

The insurance begins at the same time as you start your marginal employment, provided that you are applying for this voluntary insurance for the first time and do so within six weeks of starting work. If you are in one or more part-time jobs and are paid with the service cheque, the insurance starts with the first job – if you submit the application by the end of the following month at the latest. In all other cases, the insurance begins on the day after the application is submitted.

The insurance ends:

- Immediately when you end your part-time employment
- Immediately if you take up employment with full insurance (health, accident and pension insurance)

- Immediately if compulsory health and/or pension insurance (e.g. unemployment benefit or unemployment assistance, start of military or civilian service) is taken out
- At the end of the month if you deregister from self-insurance
- At the end of the month for which you paid the last premium
- For insured persons with a service cheque, at the end of the following month for which no service cheque has been received if no cheque has been submitted in two consecutive months

This type of self-insurance guarantees you benefits in kind, such as medical treatment, medication, hospitalisation and medical aids or appliances. You are also entitled to cash benefits – such as the sickness benefit and weekly allowance. The following also applies: The periods of self-insurance are also taken into account for the pension.

Please do not forget: Self-insured persons must report all changes relevant to the insurance in writing within one week. This applies to a change of address as well as taking up employment. Students must submit a confirmation of continuation upon application and annually thereafter by 31 December of each calendar year at the latest.

Details can be found on our website at www.gesundheitskasse.at

Live healthy

ÖGK has developed a broad health promotion and prevention programme for its policyholders. In addition to webinars, on-site programmes in the regions themselves are particularly important: The spectrum ranges from nutritional advice and nicotine and tobacco cessation programmes to workshops, lectures, action days and measures to promote dental health. ÖGK's range of services is huge and is aimed at all insured persons – from birth to old age. The aim is for us all to be able to spend more years in good health.

For babies and pregnant women, for example, there are nutrition programmes and early help networks. Children of school age are looked after by the "Healthy School" network. Workplace health promotion is dedicated to a healthy workplace. Various senior citizens' programmes help older people to stay healthy for as long as possible. The ÖGK programme covers different habitats and age groups. It encourages people to exercise more and eat more healthily, helps with addiction problems and promotes mental health.

You can find out which offers and dates are available in your immediate vicinity at your nearest customer service centre or at www.gesundheitskasse.at.



On the following pages you will find an insight into the comprehensive range of services offered by your health insurance fund.

Preventive medical check-up

Do you want to detect potential health problems at an early stage? Do you want information on a healthier lifestyle? A health check will help you with this. The ÖGK invites people aged 18 and over to go for a check-up. This is free of charge and covers all important health risks. The first point of contact is usually the family doctor. The preventive medical check-up is also available at many social insurance healthcare facilities. Some specialists

in internal medicine and pulmonary medicine also offer preventive medical check-ups. Many elective doctors have a "VU contract" and bill ÖGK directly for examinations. In these cases, payment and reimbursement of costs are not necessary.

The preventive medical check-up focuses on the following areas:

- Prevention of cardiovascular diseases
- Metabolic diseases (e.g. diabetes)
- Counselling for the early detection of cancer
- Prevention of diseases of old age (age-related visual impairment, hearing loss)

How does a preventive medical check-up work?

First, you fill out a questionnaire on various topics (e.g. your own previous illnesses, hereditary predisposition, exercise, alcohol consumption). Your doctor will take certain body measurements such as height, weight, hip circumference, blood pressure and body mass index (BMI). Blood will be drawn to determine your blood sugar and blood lipid levels.

The most common health risks that can be influenced, such as obesity, high blood pressure, smoking and lack of exercise, are clarified during the check-up. The focus is on the personal benefits for you. You find out how your health is currently and are given tailored advice on how you can have a positive impact on it.

Medical examinations for young people

In accordance with its statutory mandate, ÖGK invites compulsorily insured young people (i.e. all young people who are already in employment) aged between 15 and 18 to undergo an "adolescent check-up" once a year. The purpose of this free health check is to recognise illnesses as early as possible and help young people to live healthier lives. The focus is on exercise, diet, smoking, alcohol consumption and risky sexual behaviour.

The examination takes place as part of a confidential consultation with a doctor at a vocational school, a company or an ÖGK health centre. Consultancy is the key: The doctor addresses the individual life situation



and gives the young person tips on how to change unhealthy behaviour if necessary. Counselling services are also provided or further medical clarifications recommended. The examinations follow a certain pattern: After the basic examination in the first year, the results are checked and compared in the following years. It goes without saying that the entire examination is subject to medical confidentiality.

"early detection" breast cancer screening programme

Breast cancer screening enables breast cancer to be detected early. This means that less harsh treatment can be started earlier and the chances of recovery are better.

Why should women use the programme?

Mammography is currently regarded as the most reliable method for the early detection of breast cancer. The Austrian breast cancer screening programme ensures that women can rely on the quality of the examination: Around 170 locations throughout Austria with the highest quality standards, both in terms of the training and further education of doctors and radiology technologists as well as the technical equipment, are available to women in Austria close to their homes.

Each mammogram is also reviewed a second time by a second radiologist.



This dual control principle should help to avoid misdiagnoses.

How does the programme work?

For women aged between 45 and 74, the e-card is automatically activated for mammography every two years. Women aged between 40 and 44 and aged 75 and over can register for the programme by calling the free service line on 0800 500 181 or by visiting www.frueh-erkennen.at. After making an appointment with a radiologist, women can go for an examination with their e-card; a doctor's referral is not necessary. The list of mammography loca-

tions can be found on the above-mentioned website. The e-card is automatically reactivated two years after the mammogram. Women also receive a reminder letter. If a woman is advised to have her next mammogram sooner for medical reasons, the invitation will of course be sent earlier.

When complaints occur

In the event of breast cancer, if symptoms occur, in suspected cases or if there is a family history of increased risk, a doctor can refer you for a diagnostic mammogram at any time, regardless of your age.

"early detection" is a joint initiative of the federal government, social insurance, the federal states and the Austrian Medical Association. All information about the mammography programme can be found at www.frueh-erkennen.at.

Diabetes under control with "Active Therapy"

Are you diabetic or do you know someone who is? ÖGK offers a long-term care programme for patients with type 2 diabetes mellitus called "Active Therapy – Diabetes under control". This is intended to help people suffering from type 2 diabetes to receive more intensive medical care and knowledge about the disease.

The key points of the programme

"Active Therapy" doctors ensure that, in addition to regular eye checks, foot examinations and determination of the long-term blood glucose value (HbA1c), an in-depth individual discussion is held with patients every year.

Unnecessary duplicate examinations are avoided by the structured programme. At the same time, diabetics receive diabetes training as well as extensive information material and a diabetes handbook.

Together with the doctors, sensible and achievable therapy goals are set, which are checked, changed and

updated during regular examinations. Diabetics are thus motivated to actively participate in their therapy and influence the success of their treatment. Participation in the programme is free of charge.

Scientifically tested and found to be very good

The benefits of "Active Therapy – Diabetes under control" have been scientifically proven. The results of a long-term study by the Medical University of Graz show a 30 per cent lower risk of death, fewer diabetes-specific secondary diseases such as heart attacks or strokes, lower medical costs and an overall better state of health among the participants. All information and the list of participating doctors can be found at www.therapie-aktiv.at.

Live consciously +

Staying fit and healthy for as long as possible – that is the aim of ÖGK's "Live consciously +" programme. Health-promoting measures can help you stay healthy for a long time. Age-related impairments can therefore be mitigated and independence maintained for longer.

With its free "Live consciously +" programme, ÖGK invites everyone from midlife onwards to join in and stay healthy. Developed by experts, the programme is tailored to the needs of people in this phase of life.

The topics are varied and range from relaxation, exercise, fall prevention and nutrition to mental fitness and good preparation for the consultation with the doctor. In addition to a 24-part video series, a comprehensive brochure offers a compact overview of the most important topics on health promotion and prevention – to watch, participate and reflect on. To actively prevent falls, from mid-2025 onwards the "Steady on your feet & active" programme will also be offering free courses lasting multiple weeks for people aged 65 and older, as well as multiplier training, throughout Austria.

You can order two comprehensive guides to the videos as well as DVDs and USB sticks (while stocks last) and a resistance band free of charge at www.gesundheitskasse.at/bewusstleben.

ÖGK contact for the programme:

Tel.: 05 0766-158008
(Mon-Fri, 8 a.m. to 12 p.m.)

Workplace health promotion

Healthy employees in healthy companies – that is the aim of ÖGK's workplace health promotion programme. We advise and support companies free of charge in the planning and implementation of health promotion projects.



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One programme, multiple benefits

Companies benefit through:

- Increased job satisfaction and productivity at work
- Increased product and service quality
- Improved operational communication and cooperation
- Long-term reduction in healthcare costs
- Image enhancement for the company

Advantages for employees:

- Reduced workload
- Fewer health complaints
- Increased well-being
- Better working atmosphere
- Making healthier choices at work and during leisure time

School health promotion

Health on the timetable. ÖGK would like to make health in schools an important topic, because a healthy environment creates the crucial basis for pupils to develop healthily. With its service centres, the ÖGK is the first point of contact for schools.

We support them with the planning and implementation of health-promoting projects, free of charge, according to precise quality criteria, holistically and sustainably. The "Healthy School Service Centres", which are anchored regionally in the federal states, aim to accompany the path to a healthy school, provide needs-based support and impetus.

What BGF offers companies

Joint measures by employees and employers are intended to improve health and performance in the workplace. Work structures, work processes and the working environment are specifically focussed on. Work can be organised in a healthy way by optimising operational framework conditions. However, the aim is not only to change operational framework conditions. Employees should be encouraged and motivated to lead a healthy lifestyle.

Our portfolio

- Top consultants support companies of all sizes and from all sectors with project implementation and sustainability – free of charge
- Measures to promote a healthier lifestyle (diet, exercise, leadership, stress, etc.)
- Annual events for networking and knowledge sharing

The offer

As part of the projects, internal school project teams work with the support of the "Healthy School Service Centre" to create healthy framework conditions for the school. The numerous offers include individual process support for schools in accordance with the quality management cycle, free and quality-assured information material on school health promotion, financial support for measures within the framework of school supervision and the provision of offers from regional ÖGK cooperation partners.

Advantages of school-based health promotion at a glance

The school becomes a health-promoting living environment. Everyone involved in everyday school life is on board.

Advantages for pupils:

- Strengthening personal skills and performance potential
- Promotion of health-conscious and responsible behaviour
- Better atmosphere at school
- Promotion of health through optimal framework conditions (active breaks, healthy snacks)

Advantages for teachers:

- Promotion of job satisfaction and thus indirectly higher quality of education and upbringing for the children

Advantages for parents:

- Healthy and well-balanced children
- Improved ability to learn in a healthy setting

Wir sind Klasse



Club coaching

Health promotion within the setting of a football club. Football clubs keep you healthy – physically, but also mentally and socially. This is because clubs are social anchor points at the heart of our society and therefore play an important role in health promotion and prevention.

Club coaching is a sustainable development programme for clubs that focuses on education, service, professionalism and innovation. Many committed and motivated people come together in football clubs – a good starting point for effective health promotion and prevention. As Austria's most popular mass participation sport, football also provides access to various target groups across all social classes.

Club coaching is orientated towards the needs of the clubs and the people in their environment. Its concept and flexibility make it unique in Austria.

With professional support, health knowledge and specific suggestions for practical application in everyday club life are shared. This is not just about exercise and nutrition, but also about social skills and networks. Experts are available for on-call seminars on various topics. They address the individual concerns of the specific club and its members. In addition to coaches, players and officials, parents, grandparents and guardians in particular are invited to take part in the



free and practice-orientated schemes at the local clubs.

We support your football club on its journey to better health and well-being!

You can find more information at <https://www.gesundheitskasse.at/vereine>

Free from tobacco and nicotine

Quitting smoking and getting rid of e-cigarettes or other nicotine products is an important decision for your own health. Support from ÖGK and the smoking-free telephone make this easier.

ÖGK's nicotine and tobacco cessation programmes include group courses, online lectures and individual appointments for special groups of



people (e.g. pregnant women, chronically ill people).

An expert team of clinical and health psychologists offers you support in person or online.

You can find further information, dates and important facts about nicotine and smoking here: www.gesundheitskasse.at/nikotinfrei

Services available from the smoking-free telephone

- Information and counselling on tobacco and nicotine
- Support in starting a nicotine-free life

- Support after quitting nicotine to prevent relapses
- Organising nicotine cessation programmes throughout Austria

Are you interested? On the page www.rauchfrei.at there is information about the counselling process on the phone, facts about tobacco and nicotine as well as tips and tricks for quitting smoking. In the blog, the experts regularly comment on current topics and pick up on interesting focal points.

The smoking-free telephone is an initiative of the social insurance, the provinces and the Ministry of Health. It is operated by ÖGK.

Smoking-free telephone
Telephone: 0800 810 013
Mon-Fri 10 a.m. to 6 p.m.
Email: info@rauchfrei.at
www.rauchfrei.at
www.facebook.com/RauchfreiTelefon

Moments for me

Many factors determine how satisfied we are with our lives. Mental health is an important aspect. Dealing with mental stress in the right way has a major part to play in this. Those who are mentally stable can successfully overcome difficult situations and challenges on their own. Stress rarely disappears on its own; the pressure often continues to increase.

ÖGK's "Moments for me" programme provides everyday tips, suggestions and exercises that anyone can use to positively influence their mental health. ÖGK also offers lectures in person and online, as well as "First aid for the soul" courses, where you can learn how to provide "first aid" to other adults with mental health problems.

With "Moments for me", ÖGK wants to help people feel good. Many tools are available to you to help you stay mentally healthy, even in stressful times.

Questions about our services:
Telephone: 05 0766-126206
Email: momentefuermich@oegk.at
www.gesundheitskasse.at/mentalgesund

Eat right from the start!

With the "Eat right from the start!" programme, ÖGK supports expectant parents and parents of babies and toddlers as well as their relatives with any questions they might have about:

- Nutrition during pregnancy and breastfeeding
- Nutrition for children in the first year of life
- Nutrition for children aged between 1 and 3

A varied and balanced diet right from the start lays the foundation for

a healthy upbringing. In free workshops, interested parents receive scientifically proven and up-to-date nutritional recommendations as well as everyday tips and suggestions.

You can find further information and dates for the "Eat right from the start!" programme at www.gesundheitskasse.at/revan

Vaccinations

Vaccination is the most effective protection against certain infectious diseases and sometimes the only one, because some of these diseases, which can be serious or even fatal, are difficult to treat. Vaccination ensures that it doesn't get that far in the first place. Some vaccinations last for a long time, others (e.g. influenza) need to be boosted annually or every few years.

Vaccinations for adults in Austria are mostly paid for privately. The ÖGK is not legally responsi-



ble for vaccinations, but is involved in Austria-wide vaccination programmes – such as the Austrian childhood vaccination programme or the "Public Influenza Vaccination Programme" (influenza). You can receive a subsidy for tick vaccinations (TBE).

You can find further information at www.gesundheitskasse.at/impfen
www.gesundheitskasse.at/grippe
(free influenza vaccination)
www.sozialministerium.at/impfplan
(vaccinations officially recommended in Austria)
www.impfen.gv.at

Get moving – Healthy back

Back and spinal complaints are widespread among the population due to a lack of exercise. Jerky or uniform movements and an unfavourable or one-sided posture also put a lot of strain on our spine. If you exercise your back regularly, premature signs of wear and tear can be prevented and painful tension reduced. Many experts are therefore calling for regular exercise as a preventive measure.

Moving together

The "Get moving – Healthy back" programme comprises guided group exercise classes lasting 14 weeks with two sessions each week. Participation in the course is free of charge, registration is required.



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An experienced course leader guides participants towards a healthier life with more exercise:

- Simple exercises strengthen the core muscles
- Mobility training helps to loosen or release tension
- Having fun as part of a group motivates you to keep going
- Tips for looking after your back in everyday life provide further assistance

The course programme is open to anyone aged 18 and over who already suffers from mild back pain or has risk factors for developing back pain.

Webinars and online counselling

There is also free online exercise

counselling with experts to clarify individual questions. Webinars provide background information on "healthy backs", exercise tips and input for back-friendly everyday life.

All interested parties are cordially invited to attend the accompanying online offers (exercise counselling and webinars).

Exercises for home

At home, you can work on your own back health using the wide range of exercises in the "Get moving – Healthy back" brochure. Exercise videos and audio instructions support and encourage independent movement.

The aim of "Get moving – Healthy back" is to motivate participants to make a lasting change in behaviour with more active exercise, reduce existing back problems and lower the risk of developing back problems.

You can find more information on the programme at www.gesundheitskasse.at/ruecken

"Meine Gesundheit" magazine

The ÖGK magazine "Meine Gesundheit" (My Health) is published four times a year and provides information on topics relating to health and prevention. Each issue is dedicated to a specific topic with articles, photo series, infographics and much more. "Meine Gesundheit" is sent to subscribers free of charge.

Subscribe free of charge at www.meinegesundheits.at/abo



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Get healthy

Medical help

If you fall ill, you generally have a free choice of doctor. You can seek medical help from **contract doctors** or **elective doctors**.

Contract doctors are:

- Contract group practices
- Contract facilities (e.g. hospital out-patient clinics)
- Doctors in ÖGK healthcare facilities (e.g. health centres)
- Primary care units

Treatment at the above-mentioned service providers is **generally free of charge** and is provided on presentation of the e-card or a referral slip.

Elective doctors are:

- Doctors who do not have a contract with ÖGK
- Elective group practices

Insured persons must **initially pay the fee themselves**. Upon presentation of the net fee note, ÖGK will reimburse 80 per cent of the amount that would have been paid by ÖGK for the same services if a contract doctor had been used. In particular, the fee note must contain the first name and surname of the insured person, the insurance number, home address, confirmation of payment, the date of issue and precise details of the medical services provided, including the date.



Our tip: Use the online submission platform via Meine ÖGK using ID Austria simply, securely and conveniently from home at www.meineoegk.at.

Since 1 July 2024, elective doctors with more than 300 patients per year are obliged to transmit the fee notes already paid directly to ÖGK in electronic form if you consent to this transmission.

The following services are treated in the same way as medical treatment:

- Physiotherapy, speech, language and hearing therapy or occupational therapy required on the basis of a doctor's prescription by members of the higher medical-technical service as well as a service provided by massage therapist
- A diagnostic service provided by a clinical psychologist required on

the basis of a medical prescription or psychotherapeutic referral

- Psychotherapeutic treatment by psychotherapists if a medical examination has taken place before the second session
- Clinical-psychological treatment by clinical psychologists if a medical examination has taken place before the second session

These services can only be covered by ÖGK if the treatments are carried out by persons who are authorised to carry out these therapies/diagnostics independently.

Planned treatment abroad

"Planned treatment" or a "planned examination" abroad is when you travel to another country for the purpose of medical treatment or a medical examination. This means that the intention of travelling to the other

country is from the outset to undergo treatment or an examination there.

What you need to know before a planned treatment or examination abroad

In order for the costs of planned treatment abroad to be covered, authorisation must be obtained in advance following a medical examination.

To be able to medically assess your concern, we kindly ask you to fill out the application form, which you can find on our homepage, and send it to us from an Austrian specialist or central hospital. Enclosing findings or diagnoses, if available, helps with the medical assessment.

You can find all specialist and central hospitals in Austria at the following link: www.kliniksuche.at.

Planned treatment and examinations in another Member State of the European Union, the European Economic Area, Switzerland, the United Kingdom or a country with which there is a bilateral agreement on benefits-in-kind assistance (Bosnia and Herzegovina, North Macedonia, Montenegro, Serbia, Turkey)

If you are receiving the planned treatment at a contract facility or from a contractual partner of the foreign health insurance provider, Portable Document (PD) S2 or the corresponding bilateral form will be issued after medical authorisation.

The service provider can use PD S2 or the form provided to settle the costs of the service with the relevant foreign health insurance provider and subsequently with ÖGK.

Only deductibles in accordance with the legal provisions of the country of treatment must be borne by you. It is not possible for these costs to be reimbursed by ÖGK.

An Austrian exemption from paying prescription fees does not apply abroad.

According to European law, medical authorisation requires that:

- The treatment in question is part of the benefits provided for under the legislation of the Member State of residence of the person concerned, and

- Your planned treatment or examination cannot be provided in Austria within a medically justifiable period of time in view of your state of health and the probable progression of your illness

If you have borne all or part of the costs of the pre-authorized benefits in kind yourself, you can apply for reimbursement of costs. The application for reimbursement of costs can be submitted to the institution of the place of residence or to ÖGK. Whether and to what extent you are entitled to have costs reimbursed can only be assessed after the documents have been submitted.

If you seek treatment or an examination in a private facility, you must in any case pay the costs yourself in advance and can then submit the invoice to be checked for reimbursement of costs. Whether and to what extent you are entitled to have costs reimbursed can only be assessed after the documents have been submitted.

Our tip: Use the online submission platform via Meine ÖGK using ID Austria simply, securely and conveniently from home at www.meineoegk.at.

Planned treatments and examinations in a country with which there is no bilateral agreement on benefits-in-kind assistance (third countries)

If you seek treatment or an examination in a third country, you must in any

case pay the costs yourself in advance and can then submit the invoice to be checked for reimbursement of costs.

Whether and to what extent you are entitled to have costs reimbursed can only be assessed after the documents have been submitted.

Physiotherapy, speech therapy and occupational therapy treatments

ÖGK offers its insured persons occupational therapy, speech therapy and physiotherapy on prior prescription. In addition to the ÖGK health centres throughout Austria, it has various contractual partners such as freelance therapists and institutes.

This offer is constantly being expanded. If you use the services of therapists who do not have a contract with ÖGK, you can apply for reimbursement after the therapy.

Psychotherapeutic treatments

ÖGK offers its insured persons and their relatives psychotherapy at health insurance costs under certain conditions. You can find more information on the offers in your federal state on our website at www.gesundheitskasse.at.

Cost subsidy for psychotherapy/clinical-psychological treatment

For psychotherapeutic/clinical-psychological services provided by psychotherapists/clinical psychologists in private practice, the fee must be paid in advance. ÖGK will provide

a cost subsidy on presentation of the balanced, detailed fee invoice.

The rate can be found in the following table:

Cost subsidy	Service
EUR 19.30	Individual session (30 minutes)
EUR 33.70	Individual session (60 minutes)
EUR 8.50	Group session (45 minutes)
EUR 12.10	Group session (90 minutes)
EUR 20.50	Group session (135 minutes)
EUR 42.70	Family session (75 minutes)
EUR 60.10	Family session (100 minutes)

You can obtain the application form for a cost subsidy from our customer service centres. You can also find it at www.gesundheitskasse.at.

Requirements for psychotherapy:

- The existence of a mental disorder that is to be regarded as an illness in the sense of social insurance law. It is not possible to cover the costs of pure problem counselling on various issues
- Written proof that a medical examination was carried out at the latest before the second



psychotherapeutic treatment. This confirmation can be made informally or using the form provided

- For treatments requiring more than ten therapy sessions, an application for authorisation of psychotherapy is required for a cost subsidy

It is not possible to undergo therapy on account at a contract facility or health centre and receive a cost subsidy at the same time.

Clinical-psychological treatments

In accordance with the legal obligation, ÖGK provides a cost subsidy when the services of a clinical psychologist are utilised.

The requirements for clinical-psychological treatments are basically the same as those for psychotherapy.

For clinical-psychological treatments provided by clinical psychologists in private practice, the fee must be paid in advance. ÖGK will provide a cost subsidy on presentation of the balanced, detailed fee invoice to the same amount as the statutory rates for psychotherapy.

e-card

The e-card is your personal, secure key to the healthcare system. No health or treatment data is stored on the e-card, only personal data (name, title, gender, national insurance number, date of birth). In addition, a photo of the cardholder has been included on newly issued e-cards since 1 January 2020. You

can find more information on this at www.chipkarte.at/foto. If your details change (address, name, title), please inform one of our customer service centres of these changes by sending a copy of the appropriate document.

The European Health Insurance Card (EHIC) is located on the back of the e-card. You can find out more about this in the chapter "Medical treatment on holiday".

Legislation provides for a service fee for the e-card, which is collected on 15 November for the following year. The service fee for 2025 is 13.80 euros (2026: 14.65 euros). The service fee does not apply to certain groups of people, such as those in marginal employment, pensioners and those in military or civilian service.

Have you lost your e-card?

If your e-card is stolen or lost, staff at the Serviceline will be happy to help



you. This can be reached by dialling 050 124 33 11 from Monday to Friday between 7 a.m. and 7 p.m. at local

rates throughout Austria. As soon as you report the loss of your e-card, the card will be blocked. Your new e-card will be sent to you immediately by post.

Of course, you can also use the "Re-order e-card" online service at www.meineoegk.at to apply for a new e-card to be issued due to loss, theft or damage. Use this QR code.



Medical treatment on holiday

Holidays are the best time of the year. Don't forget to pack the right health insurance cover. Whether e-card or European Health Insurance Card, be

prepared for an emergency, both at home and abroad.

Domestic holidays

If you are on holiday in Austria, you can obtain medical assistance from our contractual partners on presentation of your e-card.

Holidays abroad

The European Health Insurance Card (EHIC) is printed on the back of the e-card, provided that the relevant previous insurance periods have been completed. Benefits in kind that are medically necessary during the temporary stay can be claimed directly from contractual partners abroad with the EHIC. This standardised, personal card must be presented directly to the service provider (doctor, hospital, etc.) if you require treatment. However, this is subject to the condition that the ser-





vice provider can settle with a statutory health insurance fund in the country of residence. In any case, deductibles in accordance with the legal provisions of the country of treatment must be borne by the patient.

Social health insurance cover for temporary stays in many European countries is guaranteed by the conclusion of intergovernmental social security agreements and the Agreement on the European Economic Area (EEA) or the European Union (EU).

Such agreements currently exist with the following countries:

- EU countries (Belgium, Bulgaria, Denmark, Germany, Estonia, Finland, France, Greece, Ireland, Italy, Croatia, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia, Spain, Czech Republic, Hungary, Cyprus (Greek part))
- EEA countries (Iceland, Liechtenstein and Norway)

- Switzerland
 - United Kingdom
 - Countries with bilateral agreements
- In North Macedonia, service providers such as doctors can be utilised directly with the EHIC.

In Bosnia-Herzegovina, Serbia and Montenegro, the EHIC must be presented to the foreign health insurance provider responsible for the holiday destination in order to obtain a valid treatment certificate.

In Turkey, a holiday sickness certificate is required, which you can obtain from your employer or the ÖGK. This must also be exchanged for a valid treatment certificate with the foreign health insurance provider prior to medical treatment.

All insured persons with an ID Austria can create holiday sickness certificates around the clock online on the ÖGK homepage or using the Meine ÖGK app.

Countries with which Austria does not have a social security agreement

If you are on holiday in a country with which Austria has not concluded a social security agreement, or if no contractual partner is used for medical treatment, you must initially pay the costs incurred yourself.

In cases of medically necessary medical treatment, ÖGK will reimburse 80 per cent of the amount it would have had to pay in Austria on submission of balanced invoices.

If necessary institutional care is utilised abroad in 2025, a care cost allowance of 421.82 euros per day is given. This daily flat rate is reduced by ten per cent for relatives after the age of 18. If the costs are below the daily flat rate, only the actual expenses will be reimbursed.

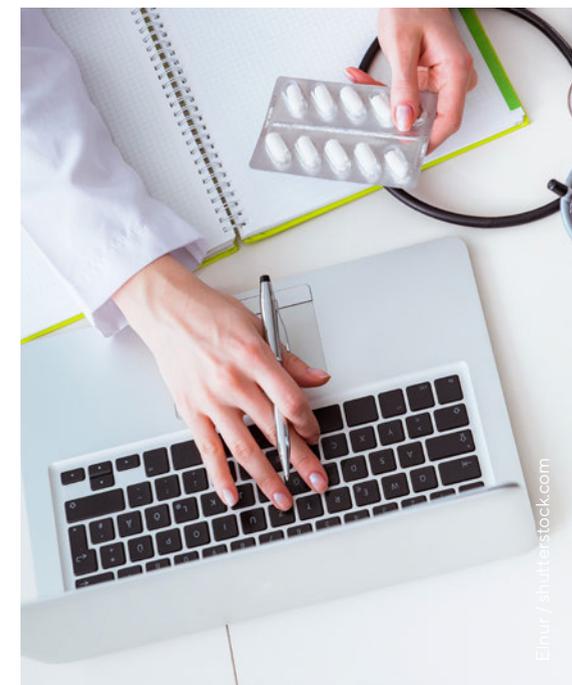
ÖGK recommends obtaining private health insurance when travelling abroad to countries with which there are no social security agreements (e.g. USA or China). However, as there are also differing regulations in the contracting states and very high co-payments are often incurred, we recommend that you also obtain private travel insurance to cover these amounts.

The catalogue of services provided by social health insurance does not cover the costs of repatriation. It is therefore particularly important to obtain appropriate private insurance when you book your holiday abroad.

Remedies

In many cases, you will need medication such as tablets or ointments to get well. Your doctor will prescribe these for you and store the e-prescription in the e-card system. The prescription can be redeemed in any public pharmacy or medicine cabinet at ÖGK's expense. The law provides for a prescription fee of currently 7.55 euros per pack. Certain people can be exempt from the prescription fee or are automatically exempt.

Almost all commonly used medicines are freely prescribable, currently around 6,000 preparations. In addition, there are medicines that require authorisation, for which your doctor will obtain approval from the ÖGK Medical Service.



Exemption from the prescription fee

WITHOUT APPLICATION	WITH APPLICATION
<p>For example,</p> <ul style="list-style-type: none"> • Recipients of a compensatory allowance • Civilian servants • Recipients of a benefit under the minimum security and social assistance laws of the federal states • Asylum seekers 	<p>For persons whose monthly net income does not exceed:</p> <ul style="list-style-type: none"> • 1,273.99 euros (for single persons) • 2,009.85 euros (for married couples or registered partnerships/cohabiting couples). <p>Under certain conditions, these amounts increase by 196.57 euros per child.</p> <p>If the insured person's family includes persons with their own income, this must be taken into account.</p>
<p>For patients with notifiable communicable diseases.</p> <p>Please note: This exemption only applies to medication required to treat the notifiable communicable disease.</p>	<p>For persons who demonstrate above-average expenditure as a result of their illness, provided that the monthly net income does not exceed:</p> <ul style="list-style-type: none"> • 1,465.09 euros (for single persons) • 2,311.33 euros (for married couples or registered partnerships/cohabiting couples) <p>Under certain conditions, these amounts increase by 196.57 euros per child.</p> <p>If the insured person's family includes persons with their own income, this must be taken into account.</p>

Pursuant to § 16 para. 1 ASVG voluntarily insured persons receive assistance or a subsidy from a social welfare organisation to cover their living expenses and their relatives cannot be exempted from the prescription fee.

What is net income and how is it calculated?

Net income is understood as the sum of all income in cash or cash equivalents – less statutory deductions (social security contributions, income tax). When calculating the net income of the insured person, the income of the spouse or registered partner living in the same household must be taken into account in full. The income of other persons living in the same household as the applicant is to be taken into account at 12.5 per cent.

Prescription fee cap

ÖGK helps wherever it can: For insured persons with a high need for medication and a low income, there is an additional option for exemption from the prescription fee. Each insured person only has to pay prescription fees until they reach two per cent of their annual net income with the total prescription fees paid in a calendar year. There is a minimum limit in the amount of the equalisation supplement guideline rate for single persons. Once the upper prescription fee limit has been exceeded, the person is automatically exempt for the rest of the year. The income of

co-insured dependants (e.g. spouse or children) is not taken into account when calculating the net income. Prescription fees paid by the insured person for co-insured persons are included in reaching this upper limit.

Exemptions based on the prescription fee cap always end on 31 December of a calendar year. Therefore, from 1 January of the following year, the prescription fees must again be paid by this group of people until the upper prescription fee limit is reached.

Elective prescriptions

Have you been prescribed a medicine by an elective doctor without a prescription rights contract with ÖGK? Elective doctors without such a contract with ÖGK cannot issue electronic prescriptions, but continue to only issue prescriptions in paper form. Patients can easily redeem these optional prescriptions for freely prescribable medicines in all Austrian pharmacies.

This group of medicines includes most commonly used medicines. If you fill a prescription from an elective doctor without a prescription authorisation contract in a pharmacy, your eligibility and therefore your current insurance cover will be checked by inserting your e-card. Nothing more is necessary. A possible exemption from the prescription fee can also be easily determined in this way. As in the past,



elective prescriptions for medicines requiring authorisation must be sent to the ÖGK Medical Service by the pharmacies or the insured persons themselves.

Medical aids

Do you need glasses, orthopaedic insoles or compression stockings? ÖGK ensures your supply of medical aids. These are granted on medical prescription if their costs exceed a certain minimum amount. The articles of association stipulate a maximum amount of 1,720.00 euros for the costs to be covered by ÖGK.

The insured person must pay a share of ten per cent of the cost of the aid, or at least 43.00 euros. There is no minimum deductible for persons who constantly require utilities. However, 10 per cent of the costs for such medical aids must be borne by the insured person.

The share of the costs for glasses and contact lenses is at least 129.00 euros. For children over the age of 15 who are still dependants as defined in social security law, a cost contribution of at least 43.00 euros applies. The ÖGK's cost subsidy is based on the tariffs agreed with the opticians. The excess is therefore deducted from the tariff and not from the actual cost of the visual aid.

There is no cost sharing for medical aids for:

- Persons who are exempt from paying the prescription fee (due to special social protection needs)
- Children up to the age of 15 (one day before their 15th birthday)
- Insured persons/dependants for whom increased family allowance is due, regardless of age

Exceptions:

- Persons who are exempt from the prescription fee due to exceeding the prescription fee cap are not exempt from the deductible

- Persons who are assigned to ÖGK on the basis of provisions in the War Victims' Compensation Act, the Armed Forces Compensation Act or the Victims' Welfare Act

Resources

Whether prostheses or wheelchairs, ÖGK provides support with aids: If you have a physical disability, your doctor will prescribe the necessary aids. This also applies to mutilations and disfigurements. Some articles require prior authorisation from the ÖGK. As a rule, the contractual partner forwards the required documents to us. Subsidies for medical aids are not granted if another institution takes care of this (e.g. accident insurance, pension insurance, war victims' benefits).

The same applies to cost sharing by insured persons as for medical aids. ÖGK covers the costs up to a fixed maximum amount, i.e. 1,720.00 euros; 4,300.00 euros for prostheses and wheelchairs. The insured person's share of the costs for customised orthopaedic shoes is 58.14 euros. Certain aids, such as wheelchairs, are made available on loan by ÖGK under certain conditions.

If you suffer from incontinence, our contract partners will provide you with absorbent incontinence products such as nappies and pants. You can find more information about

the requirements and criteria on our homepage www.gesundheitskasse.at.

Hospital care

Do you need to go to hospital? If and as long as the illness requires it, ÖGK covers the costs in full in the general fee class of a hospital financed by the provincial health fund (e.g. provincial hospitals, religious order hospitals) or in a private contract hospital (private hospital financing fund).

Insured persons must pay a cost premium to be determined and collected by the legal entity of the hospital (e.g. municipalities, provinces). For co-insured relatives, the insured person must pay a cost premium in the amount stipulated by law. Both the cost premium for insured per-



sons and the cost premium for relatives must be paid for a maximum of 28 days per calendar year.

This excludes:

- Maternity stays (up to ten days)
- Stays for the purpose of organ donation. ÖGK also covers the registration costs required for an organ transplant at an organ bank
- Persons up to the age of 18

For medically necessary treatment in hospitals that are neither financed by the provincial health fund nor subject to the private hospital financing fund and with which no contractual relationship exists (e.g. foreign hospitals), ÖGK currently pays a daily care cost subsidy of 421.82 euros, but not more than the actual costs incurred. Relatives who have reached the age of 18 receive a daily flat rate reduced by ten per cent.

Medical home nursing care

Do you need help at home? Insured persons and relatives can make use of medical home nursing care instead of institutional care. It can only be carried out on a doctor's orders and must be provided by members of the senior healthcare and nursing service. It therefore only includes medical services and qualified nursing services (e.g. wound care, injections, tube feeding).

Medical home care therefore does not include basic care of the patient such as personal hygiene, washing hair or brushing teeth. Domestic care

such as cleaning, cooking or making beds is also excluded.

Medical home nursing care is care that replaces hospital care and is therefore limited in time. It can last a maximum of four weeks for one and the same insured event. In addition, it can continue to be granted following authorisation by the medical service.

Medical rehabilitation measures

We want you to be able to lead an independent life again, if possible without outside help and care. That is why our catalogue of services also includes medical rehabilitation measures following medical treatment.

The following measures can be considered as part of medical rehabilitation:

- Accommodation in hospitals that are primarily used for rehabilitation (rehabilitation centres)
- Provision of prostheses, orthopaedic aids and other aids
- Medical assistance as well as remedies and medical aids in connection with the above-mentioned medical rehabilitation measures
- Travel and transport costs (in accordance with the statutory provisions and depending on the financial circumstances of the insured person or relatives)

The benefits listed must be applied for in advance by the insured person



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(application for rehabilitation, health resort or convalescent stay) and medically justified by the attending doctor. This application is reviewed and approved by the ÖGK. Application forms are available from hospitals, doctors and ÖGK customer service centres.

In the case of accommodation in rehabilitation facilities, an additional payment for a maximum of 28 days per calendar year must be made. For 2025, this is based on the gross earned income or gross pension of the insured person:

Additional payment	Gross earned income or gross pension	
	from	to
10.31 euros	1,274.00 euros	1,274.00 euros
17.67 euros	1,855.38 euros	1,855.38 euros
25.04 euros	more than 2,436.76 euros	

The co-payment does not apply for:

- Low income (gross earned income up to 1,273.99 euros)
- Pensioners who receive an equalisation supplement

- Persons whose spouse or registered partner in the same household receives an equalisation supplement
- Accompanying persons
- Children and young people who have not yet reached the age of 18
- Secondary patients in oncological, family-oriented rehabilitation
- Recipients of a benefit under the minimum security and social assistance laws of the federal states
- Persons with a special need for social protection in accordance with the guidelines on exemption from co-payments for rehabilitation measures

The insured person does not have to contribute to the costs of medical aids and appliances as part of medical rehabilitation measures. If medically necessary, the costs of these aids are covered in full by ÖGK. The extent of what is necessary must not be exceeded.

Sick leave

In social insurance, sick leave is called "incapacity for work due to illness". A person is unfit for work if he or she is unable to carry out his or her employment that justifies compulsory insurance, or is only able to do so at the risk of aggravating his or her condition. This incapacity to work due to illness is generally determined by a doctor. She or he will then issue the sick note. Every employee is obliged to report any incapacity for work to the emp-



loyer without delay. What you need to think about if you are unable to work:

Who determines incapacity for work due to illness?

Your incapacity to work due to illness is generally determined by the treating contract doctor and reported to ÖGK by him or her. As a rule, the start of incapacity for work is the day determined by the doctor. Notification of incapacity for work must also be given if you are not entitled to sickness benefit from ÖGK. As long as the incapacity for work has not been reported to the health insurance provider, entitlement to sickness benefit is suspended.

Notification of illness by the elective doctor

If you are treated by an elective doctor and he or she certifies your incapacity for work, you must report this

to ÖGK immediately. The ÖGK or the doctor authorised by it to do so is responsible for determining incapacity for work (start and end of incapacity for work).

Notification of illness in connection with outpatient treatment in hospital

In the case of outpatient hospital treatment, the outpatient card issued does not count as a sick note. The contract doctor is also responsible for determining any incapacity for work.

Notification of illness after an inpatient hospitalisation or rehabilitation stay

If you are still unable to work after an inpatient hospitalisation or rehabilitation stay, you must have your incapacity to work certified by a contract doctor. A sick note after an operation requiring authorisation is only pos-

sible if this has also been approved by ÖGK.

Please be sure to report

Tell your doctor whether your illness is due to an accident at work, the consequences of a previous accident at work, an occupational disease or a service-related injury under the War Victims' Compensation Act 1957 (KOVG 1957), the Army Compensation Act (HEG) or the Army Compensation Act (HVG) or to a road traffic accident, a brawl or the direct consequence of drunkenness (the misuse of narcotics).

In the event of deliberate concealment or deliberate misrepresentation of such facts relevant to the determination of entitlement, you must repay any benefits wrongly paid.

Follow the doctor's instructions

You will be treated and advised by your doctor. But you also need to look after your health by leading a responsible lifestyle. You should therefore behave in a way that is conducive to your recovery while you are unable to work. This also includes following the doctor's instructions exactly. For example, prescribed bed rest must be observed.

Obligation to report

Insured persons who receive benefits are obliged to notify ÖGK of any changes such as their place of residence, marital status or entitlement to benefits for dependants within two

weeks. The commencement of gainful employment must be reported within seven days (this also applies to the commencement or continuation of marginal employment). Any change of residence during the period of incapacity for work must be notified in advance. If you intend to leave Austria while you are unfit to work, this requires the prior consent of the ÖGK Medical Service.

Sick call and survey service

ÖGK is authorised to verify compliance with the doctor's orders through its sickness absence inspectors. Follow the doctor's instructions during the period of incapacity for work. Avoid any behaviour that could impair your recovery.

For example, it is not permitted to take up gainful employment in the



profession for which the incapacity for work was medically diagnosed during the period of incapacity for work.

ÖGK is also authorised to check the state of health in the interests of the insured community. You must honour the invitation to a medical examination. If you are unable to honour the invitation for important reasons (e.g. because you are bedridden), inform us immediately, providing confirmation from the attending doctor. In the context of medical check-ups, it may be necessary for you to be asked to submit findings or to appear in person, in which case you are obliged to cooperate in accordance with § 366 ASVG.

Sick leave during a stay abroad

If you fall ill during a stay abroad, you must notify us immediately of your incapacity to work. The doctor treating you will usually issue you with the necessary confirmation of your incapacity for work. It must contain all the features of an Austrian sick note, in particular:

- Personal data (name, date of birth)
- Start and end of sick leave
- Diagnosis that led to sick leave
- Stamped signature of the attending doctor
- Date of issue
- Note: Relocation outside Austria during sick leave is only granted in exceptional cases

ÖGK will decide whether to recognise the sick leave on the basis of the documents submitted. In indi-

vidual cases we also require proof of treatment.

Health report

Notify ÖGK immediately of the end of the incapacity for work. In principle, the attending doctor determines your fitness for work and sends it to us electronically. If the notification is not made electronically, please send us the health notification immediately. You can either hand it in directly at our customer service centres or send it to us by post, for example. You can also report your health directly via Meine ÖGK (www.meineoegk.at). It's quick, easy and convenient from the comfort of your own home.

Sickness benefit

If you are ill for a longer period of time, you will continue to receive your salary from your employer in accordance with the relevant statutory provisions. If you have exhausted your entitlement to continued remuneration, ÖGK will pay you sickness benefit. This is intended to be at least partial compensation for the earnings subject to premiums that are lost due to incapacity to work as a result of illness (sick leave).

Therefore, only compulsorily insured persons are entitled to sickness benefit. These include apprentices and employees, but also recipients of cash benefits from unemployment insurance and self-insured persons in marginal employment.

Duration of entitlement to sickness benefit

Sickness benefit is generally due from the fourth day of incapacity for work, taking into account any entitlement to continued payment of remuneration from the employment or service relationship for the duration of this sick leave. However, there are legally regulated maximum limits.

The statutory minimum entitlement period is 26 weeks. This entitlement period is increased to 52 weeks if you have been insured with health insurance for at least six months in the 12 months prior to the start of your incapacity for work. In individual cases, the entitlement to sickness benefit can be extended to 78 weeks on

the basis of a medical assessment by the ÖGK Medical Service, provided that the insured person is expected to regain their ability to work or be reintegrated into the labour market within this period.

A pension benefit (disability, invalidity or old-age pension) awarded during the period of sickness benefit entitlement can end the sickness benefit entitlement.

Special features:

- Your incapacity for work begins within three weeks of the end of your health insurance. If you are entitled to sickness benefit, you are entitled to sickness benefit for a maximum of 26 weeks





- If there are no more than 13 weeks between two periods of incapacity for work due to the same illness, these periods are added together

Amount of sickness benefit

The amount of sickness benefit basically depends on three factors:

- The assessment basis (maximum up to the maximum monthly basic premium)
- The duration of the incapacity for work
- Whether family members are present

The assessment basis for sickness benefit is the gross earnings subject to premiums that the insured person was entitled to in the premium period preceding the end of the full entitlement to remuneration. If there is an entitlement to special payments and this ceases in part or in full for the duration of the sick leave, the sickness benefit is increased by 17 per cent.

The sickness benefit amounts to:

- 50 per cent from the 4th to the 42nd day of incapacity for work
- 60 per cent from the 43rd day of incapacity for work of the assessment basis.

Recipients of unemployment insurance benefits are entitled to sickness benefit in the amount of the last benefit received from this insurance. The sickness benefit for self-insured persons pursuant to § 19a ASVG amounts to 6.60 euros per day (annually variable fixed amount).

If you have a family, you may be able to receive a family supplement in addition to your sickness benefit. From the 43rd day of incapacity for work, the sickness benefit is to be increased by ten per cent of the assessment basis if there is at least one relative without their own income and the insured person is a single parent or the spouse (cohabiting partner) has no income of their own. If there is an entitlement to continued payment of remuneration beyond the 42nd day of incapacity for work, the sickness benefit is only increased from the day on which the entitlement to remuneration ceases completely. An application is required here.

There is no entitlement to a family allowance for recipients of sickness benefit on the basis of a benefit from unemployment insurance or self-insurance pursuant to § 19a ASVG.

CALCULATION EXAMPLE FOR SICKNESS BENEFIT

Mr Max Mustermann is unable to work from 07.11.2024. In October 2024, he received remuneration subject to premiums to the amount of 2,500.00 euros. The full remuneration entitlement has already been exhausted. Mr Mustermann is also entitled to two special payments per year.

Basic premium	2,500.00 euros
Daily value (1/30)	83.33 euros
Consideration of special payments (17 per cent supplement)	14.17 euros
Assessment basis	97.50 euros
Daily gross sickness benefit entitlement from 10 November 2024	48.75 euros
(50 per cent of the assessment basis)	
Daily gross sickness benefit entitlement from 19 December 2024	58.50 euros
(60 per cent of the assessment basis)	

Mr Mustermann will receive a daily gross sickness benefit of 48.75 euros from 10 November 2024 and 58.50 euros gross from 19 December 2024.



Special sickness benefit

Persons with a valid employment relationship are entitled to special sickness benefit. This applies to those:

- Who are still unable to work,
- For whom the maximum period of entitlement to sickness benefit has expired and who are not entitled to sickness benefit again,
- Who receive a negative decision from the pension insurance institution regarding an application for a disability or occupational disability pension,
- Who have filed a complaint against the rejected pension and
- Are not entitled to rehabilitation allowance

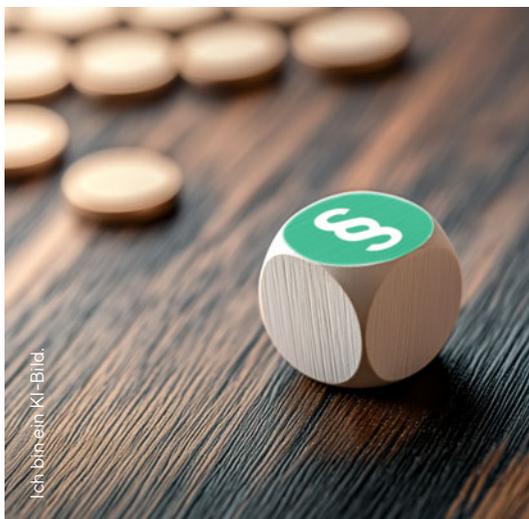
An application is required.

This special sickness benefit is granted at most until the proceedings before the ordinary courts have been legally concluded, but only for as long as the incapacity to work due to illness persists.

For persons:

- Whose entitlement to unemployment insurance benefits is suspended during hospitalisation
- For whom the maximum duration of their sickness benefit entitlement has expired and
- For whom no new entitlement to sickness benefit has yet arisen due to a lack of recovery of the ability to work

is entitled to a special sickness benefit in the amount last received for the duration of necessary hospitalisation



that cannot be postponed (rehabilitation stays during follow-up treatment). No separate application is required.

Cancellation of entitlement to sickness benefit (refusal)

Sickness benefit is not payable for the period of incapacity for work as a result of an illness contracted by the insured person through culpable involvement in a brawl, provided that this person has been convicted by a final judgement under § 91 of the Criminal Code (StGB). It is also not due as a direct consequence of intoxication or substance abuse.

The co-insured relatives in need of said benefit living domestically are entitled to half of the sickness benefit that the insured person would have been entitled to if their maintenance was mainly provided by the insured person due to a lack of other care and if they were

not culpably involved in the cause of this denial.

Suspension of sickness benefit

Entitlement to sickness benefit is suspended:

- If and as long as the incapacity for work is not reported to ÖGK. This is usually done for you by the doctor
- If and as long as the employer continues to pay the wage or salary (entitlements under employment law). Therefore: half the wage/salary entitlement means half the sickness benefit
- If and as long as the employer still pays holiday pay or compensation in lieu of notice
- If and as long as transitional allowance is drawn from the pension or accident insurance
- If and as long as carer's allowance is drawn
- If and as long as civilian or military service is performed
- If and as long as a summons to a medical check-up is not adhered to without excuse
- If the provisions of the patient regulations have repeatedly not been followed or the instructions of the attending doctor have been violated
- As long as transitional benefits are received from the Pension Insurance Institution or the General Accident Insurance Institution
- As long as rehabilitation allowance is received

- If institutional care is refused despite the prerequisites being met
- If you are in custody or on remand

Payout

In order to be able to pay you the sickness benefit, we need the following documents from you:

- Sick note
- A "confirmation of employment and remuneration", which contains information on the amount of income and the duration of any continued payment of remuneration. This is issued by the employer
- Recipients of cash benefits under the Unemployment Insurance Act do not require a "confirmation of employment and remuneration". The required data is provided to the ÖGK electronically by the Public Employment Service Austria (AMS)

Please do not forget to give us your bank details.

According to the provisions of the Income Tax Act, sickness benefit is subject to income tax (with the exception of sickness benefit from an unemployment insurance benefit). Daily sickness benefit is exempt from income tax up to an amount of 30.00 euros. ÖGK is obliged to withhold 20 per cent wage tax from the sickness benefit exceeding the daily amount of 30.00 euros and pay it to the tax office. You can find the amount of income tax withheld on the sick leave certificate. You will receive this at the end of your incapacity for work.

Reintegration allowance

Partial reintegration

Employees who are physically or mentally ill for a longer period of time can agree on a partial reintegration programme with their employer. In order to facilitate reintegration into everyday working life, employees can temporarily reduce their working hours after a long period of illness and thus gradually return to work.

Statutory accompanying measures are provided for the financial and social security protection of the persons concerned. Employees are entitled to a reintegration allowance from health insurance funds in addition to the remuneration from part-time employment corresponding to the reduction in working hours.



Eligibility requirements:

- At least six weeks of continuous incapacity for work
- The valid employment relationship must have existed continuously for at least three months before the start of the partial reintegration period – no change to the employment contract
- Written agreement between the employee and the employer. This agreement must also include a reintegration plan in which the start, duration and extent of employment must be recorded (no change to the employment contract – apart from the change in working hours)
- Medical opinion by the occupational health service or counselling by "fit2work"
- Medical confirmation that you have regained your ability to work
- The reduced salary must be above the marginal earnings threshold (except for trainees/apprentices)
- The reduced working week is at least 12 hours
- In principle, the partial reintegration period must be started no later than one month after the end of the period of at least six weeks of incapacity for work
- Medical expediency must be given (authorisation by the ÖGK Medical Service)
- The last utilisation of partial reintegration must be at least 18 months ago

Partial reintegration may not be agreed for the duration of:

- A ban on employment under the Maternity Protection Act
- Parental leave under the Maternity Protection Act or the Paternity Leave Act
- Military or civilian service
- Partial retirement
- A partial pension (extended partial retirement)

Furthermore, there is currently no entitlement to a reintegration allowance for persons who are not subject to the Labour Contract Law Adjustment Act (AVRAG) or comparable regulations.

The reduction in working hours must be at least 25 per cent and no more than 50 per cent. For questions regarding labour law, please contact the Chamber of Labour: www.arbeiterkammer.at

Reintegration allowance

The reintegration allowance is paid as partial compensation for the income that is lost due to the reduction in working hours. The basis for calculation is the increased sickness benefit to which the employee is entitled. This corresponds to 60 per cent of the assessment basis, which is generally the salary (including pro rata consideration of special payments).

As a result of the wave of inflation, inflation relief package III will increase the assessment basis for the reintegration allowance by 4.6 per cent from 1 January 2025 (provided this is in the



previous year). The reintegration allowance is then due on a pro rata basis in accordance with the agreed normal weekly working hours.

According to the provisions of the Austrian Income Tax Act, the reintegration allowance is subject to income tax. The daily reintegration allowance is exempt from wage tax up to an amount of 30.00 euros. If the daily reintegration allowance exceeds 30.00 euros, ÖGK is obliged to withhold 20 per cent of the reintegration allowance in excess of 30.00 euros in wage tax and pay it to the tax office.

Please note when applying for the reintegration allowance: The reintegration agreement, the reintegration plan and any medical documents must be sent to ÖGK by post or email

or handed in personally at a customer service centre in good time before the start of the partial reintegration period. Partial reintegration can be commenced at the earliest on the day after notification of the authorisation of the reintegration allowance.

Rehabilitation allowance

Instead of sending them into early retirement, the aim is to enable people with health impairments to remain in employment for longer through targeted occupational and/or medical rehabilitation measures. In the event of temporary incapacity for work (disability), a rehabilitation allowance is paid instead of a temporary disability pension (invalidity pension).

The rehabilitation allowance is granted to those persons:

- For whom a temporary disability or occupational incapacity for at least six months has been recognised by the pension insurance
- For whom vocational rehabilitation is not reasonable and appropriate and
- born on or after 1 January 1964

Amount and duration of the rehabilitation allowance

The rehabilitation allowance is generally a benefit for an indefinite period of time until the pension insurance institution decides that:

- There is no longer any (temporary) disability or occupational incapacity or

- Vocational rehabilitation is now indicated or
- Permanent disability or occupational incapacity exists

Like sickness benefit, the amount is generally based on the income from the last job, although unlike sickness benefit, the rehabilitation allowance is subject to a minimum amount (= equalisation supplement reference rate). Inflation relief package III will increase the assessment basis for the rehabilitation allowance too by 4.6 per cent from 1 January 2025 (provided this is in the previous year).

According to the provisions of the Austrian Income Tax Act, the rehabilitation allowance is exempt from income tax up to a daily amount of 30.00 euros. If a higher rehabilitation allowance is due, wage tax of 20 per cent must be paid on the amount exceeding 30.00 euros.

Overlap with sickness benefit

If there is an entitlement for a rehabilitation allowance during an entitlement for a sickness benefit, the sickness benefit is suspended.

Overlap with earned income

If, while receiving the rehabilitation allowance, you are in gainful employment with a monthly income above the marginal earnings threshold (551.10 euros) that is not relevant for the assessment, you are only entitled to a partial rehabilitation allowance.



Suspension of rehabilitation allowance

Entitlement to the rehabilitation allowance is suspended:

- If and as long as the employer continues to pay the wage or salary from a gainful activity relevant for the assessment of the rehabilitation allowance (entitlement to continued payment of remuneration under employment law) or the relevant gainful activity continues to be exercised. The following applies: half the wage/salary entitlement means half the rehabilitation allowance
- If and as long as the employer still pays holiday pay or compensation in lieu of notice

Entitlement to the rehabilitation allowance may be suspended if you frustrate or delay the processes or measures provided for in the case management process by repeatedly failing to fulfil your obligations to cooperate. This is because as part of case management, the person undergoing rehabilitation is contacted and invited by the responsible case manager so that the need for the necessary medical measures can be determined and a care plan drawn up.

Withdrawal

The pension insurance institution can withdraw your rehabilitation allowance if you refuse to cooperate in your rehabilitation.

Cure and recovery

ÖGK may grant suitable measures to strengthen health, taking into account the progress of medical science and its financial capacity. These are voluntary services. This includes, in particular, stays at health resorts and convalescent stays. The benefits listed must be applied for in advance by the insured person and medically justified by the attending doctor (application for rehabilitation, spa or convalescent stay).

This application is reviewed and approved by the ÖGK. Corresponding application forms are available from doctors and at ÖGK customer service centres. For more information, please contact the doctor you trust. The staff at the ÖGK customer service centres will also be happy to help you.

An additional payment must be made for accommodation in contract facilities, the ÖGK's own facilities and facilities run by other social insurance providers. For 2025, this is based on the gross earned income or gross pension of the insured person:

Additional payment	Gross earned income or gross pension	
	from	to
10.31 EUR	1,274.00 EUR	1,274.00 EUR
17.67 EUR	1,855.38 EUR	1,855.38 EUR
25.04 EUR	more than 2,436.76 EUR	

The co-payment does not apply for:

- Low income (gross earned income up to 1,273.99 euros)
- Pensioners who receive an equalisation supplement
- Persons whose spouse or registered partner in the same household receives an equalisation supplement
- Recipients of a benefit under the minimum security and social assistance laws of the federal states
- Persons who have a special social need for protection in accordance with the guidelines on exemption from co-payments for measures to consolidate health

Transport costs

ÖGK covers transport costs within Austria if it is medically certified that the insured person or family member who is unable to walk cannot use public transport due to their physical or mental condition, even with an accompanying person.

Transport costs are covered at the contractually agreed rates for the following transport services:

- To the nearest suitable hospital for institutional care or from this hospital to the patient's home
- In the event of transfer for inpatient treatment from a hospital to the nearest suitable hospital for medical reasons

- For outpatient treatment to the nearest suitable contract doctor, the nearest suitable contract or group practice or to the nearest suitable (contract) facility or to the patient's home
- For the customised fitting of therapeutic aids and other aids

If the patient is temporarily absent from his/her place of residence at the time of the necessary transport, ÖGK will cover the costs of transport from the hospital to the patient's home up to the cost of transport from this place of residence (place of the incident or accident) to the nearest suitable hospital.

The following types of transport are possible:

- Patient transport
- Simple patient transport
- Qualified patient transport or rescue transport
- Emergency doctor transport

The respective type of transport must be certified by a doctor on the basis of the physical or mental condition of the patient. If a private motor vehicle is used, ÖGK will reimburse costs amounting to half the official kilometre allowance.

If an elective hospital, an elective doctor, an elective group practice or an elective facility is used, the transport costs will be reimbursed up to a



maximum of the amount that would have been reimbursed if the nearest corresponding (contract) facility had been used.

The costs of domestic air transport to the nearest suitable hospital will be covered if, due to the condition of the patient or the urgency of the case, transport by land would not have been justifiable. The medical necessity of the air transport must be certified by a doctor and recognised by the ÖGK.

Rescue costs and the costs of transport to the valley are not reimbursed in the event of accidents in the course of sport and tourism. For this reason, it is recommended that you take appropriate precautions, as an emergency can otherwise quickly become a financial problem.

A child comes

Are you having a baby? If you are expecting children, you are well catered for with us. ÖGK offers a range of services to female policyholders. These include benefits in kind and the weekly allowance or special weekly allowance. Female (co-insured) dependants are entitled to benefits in kind.

The insured event of maternity occurs:

- At the beginning of the eighth week before the expected delivery. This is also when the absolute ban on employment under the provisions of the Maternity Protection Act begins
- In individual cases, on the day on which it is established on the basis of a medical certificate from a specialist, labour inspector or public health officer that the life or health of the mother or child would be

endangered if she continued to work or took up employment (individual employment ban)

- On the day of delivery if this took place before the beginning of the eighth week before the expected date of delivery
- At the beginning of the eighth week before the actual delivery, if the date of the expected delivery has not been determined

Benefits in kind

In the event of maternity, you are entitled to the following benefits:

- Medical assistance, midwife assistance, assistance from qualified paediatric or infant nurses
- Remedies (medicines) and medical aids
- Nursing care in a hospital or maternity home

ÖGK pays for childbirth and care in a hospital or maternity centre for a maximum of ten days. During this time, the ten per cent share of costs is waived for insured persons, including if they are caring for relatives.

Weekly allowance

According to the Maternity Protection Act, employed women must not be employed by their employer during the last eight weeks before the expected due date and during the first eight weeks after delivery.

After premature or multiple births and a caesarean section, the period after delivery is extended to 12 weeks.

You are entitled to a weekly allowance during this ban on employment. If the life or health of the mother or child is at risk if employment continues, the duration of the employment ban is extended. The weekly allowance is then due before the start of the eight-week period. This requires a certificate from a specialist in gynaecology or internal medicine. In special cases, an official or labour inspection medical certificate is required.

Amount of the weekly allowance

The net earnings from the last 13 weeks (three calendar months) prior to the occurrence of the insu-

red event determine the amount of the weekly allowance. These earnings must initially be increased by 14 per cent, 17 per cent or 21 per cent, depending on the amount of special payments due. From this increased net income, the daily average is calculated, which ÖGK pays out as a daily weekly allowance.

In order to claim the weekly allowance, a confirmation issued by the doctor stating the expected date of delivery must be sent to ÖGK. In addition, we require confirmation of employment and remuneration completed by the employer. After the birth, a birth certificate issued by the registry office must be submitted to the ÖGK. In the case of a premature birth or birth by caesarean section, a corresponding confirmation from the hospital is required.

The entitlement to weekly allowance is suspended as long as the entitlement to continued remuneration exists.

Recipients of the unemployment benefit receive a weekly allowance equal to the amount of the unemployment insurance benefit increased by 80 per cent. The weekly allowance for self-insured persons pursuant to § 19a ASVG amounts to 11.87 euros per day (annually variable fixed amount).





Recipients of the childcare allowance may receive a weekly allowance in the amount of the daily childcare allowance.

Special weekly allowance

Special weekly allowance is payable if a new insured event of maternity occurs during maternity leave under the Maternity Protection Act or under comparable Austrian legislation, but after the end of the childcare allowance and there is no entitlement to weekly allowance only because of the current maternity leave. This is the case, for example, if the income-related childcare allowance is chosen but a longer period of maternity leave is taken.

Former recipients of the weekly allowance on the basis of self-insurance in

accordance with § 19a ASVG are also entitled to the special weekly allowance.

The special weekly allowance is payable for the same period as the weekly allowance.

If a specialist, labour inspection or official medical certificate is issued during maternity leave which proves that the life or health of the mother or child would be endangered if she took up employment, the special weekly allowance is payable from the day after the end of maternity leave at the earliest.

A special weekly allowance is payable in the amount of 60 per cent of the assessment basis, which is calculated from the earnings prior to maternity leave, capped by the maximum contribution basis.

Formerly self-insured persons pursuant to § 19a ASVG are entitled to a special weekly allowance of 6.60 euros (value in 2025).

In certain cases, the amount of the special weekly allowance also influences the calculation of the weekly allowance. Persons who receive the weekly allowance but during the assessment period of the weekly allowance either:

- were still partially on maternity leave or
- reduced their working hours receive the weekly allowance to the

amount of the special weekly allowance, if this is higher.

Partial health insurance cover is provided while the special weekly allowance is being drawn.

The special weekly allowance was introduced retroactively from 1 September 2022 and is applicable if the insured event of maternity occurred after 31 August 2022. A retroactive claim can be made to ÖGK up to 30 June 2025.

To receive a special weekly allowance, a confirmation of the (expected) due date and a written application to (retroactively) receive the special weekly allowance must be submitted to ÖGK.

Childcare allowance

Benefits under the Childcare Allowance Act (KBGG) and the Family Time Bonus Act (FamZeitbG):

- Childcare allowance account (KBG account) or income-related childcare allowance (eaKBG)
- Aid to the KBG account
- Partnership bonus
- Family time bonus

Childcare allowance account (lump-sum benefit)

The childcare allowance account is a lump-sum benefit that recognises and partially compensates parents' childcare services. Parents receive the lump-sum childcare allowance

regardless of whether they were in gainful employment before the birth of their child.

Income-related childcare allowance

The primary function of the income-related childcare allowance is to give parents who only want to take a short break from working life and have a higher income the opportunity to receive an income replacement during this time.

Each system has different effects, e.g. in the area of additional income or supplementary benefits (e.g. multiple child supplement, allowance), so it is necessary to weigh up the differences in order to choose the best possible individual variant.

General eligibility requirements for childcare allowance

- Entitlement to and receipt of family allowance for the child,
- Main residence of applicant parent and child in Austria,



- A permanent (at least 91 days) joint household with the child and identical main residence registrations at this address
- Carrying out and submitting the parent-child passport examinations in good time and
- Compliance with the additional earnings limit per calendar year

Non-Austrians must also be legally resident in Austria (NAG card) or fulfil certain requirements under asylum law.

In the case of separated parents, the applicant parent must also have custody of the child (with predominant care of the child) and receive family allowance.

The childcare allowance is paid from the day of the child's birth at the

earliest. A corresponding application must be submitted to the last responsible health insurance provider. If applications are submitted late, the childcare allowance will be paid retroactively for a maximum of 182 days.

Reference variant lump-sum childcare allowance as an account

- If only one parent receives the benefit: between 365 and a maximum of 851 days
- In the case of receipt from both parents: between 456 (365 + 91) and a maximum of 1,063 days (851 + 212)

Amount of the daily childcare allowance

maximum 41.14 euros
at least 17.65 euros

The daily rate depends on the selected reference period. The longer you draw, the lower the daily amount. The amount of the benefit therefore depends on the individually selected benefit period. The entitlement period can be changed once at the request of the receiving parent up to 91 days before the end of the chosen entitlement period. The second parent is also bound by this change.

In the case of multiple births, the childcare allowance for the second and each additional child is increased by 50 per cent of the respective daily rate.

Additional earnings limit for lump-sum childcare allowance as an account

In addition to the absolute additional earnings limit of 18,000.00 euros per year, there is an individual additional earnings limit for the lump-sum childcare allowance account. This amounts to 60 per cent of the total amount of relevant income for the calendar year prior to the birth in which no childcare allowance was received (limited to a maximum of three calendar years prior to the birth of the child).

The basis for determining the individual additional earnings limit is the data from the tax assessment notice for the calendar year prior to the birth of the child in which no childcare allowance was received. Note: A tax assessment notice for the year in question may only be available after an employee assessment has been carried out. Please contact your tax office for more information.

Childcare allowance as a substitute for earned income

- For a maximum of 365 days from the birth of the child if one parent receives the benefit
- For a maximum of 426 days from the birth of the child if both parents receive the benefit

Amount of the daily childcare allowance

maximum 80.12 euros
at least 41.14 euros



There is no increase in the daily amount for multiple births. The additional earnings limit for income-related childcare allowance is 8,600.00 euros per year.

This applies to both reference types: You can switch between the parents twice. The minimum subscription period for a block is 61 days. A simultaneous withdrawal of 31 days is possible. However, this shortens the total claim period.

Special requirements for receiving childcare allowance as a substitute for earned income

- Actual employment subject to social insurance contributions (subject to health and pension insurance) in the last 182 days before the start of maternity leave or before the birth of the child and no receipt of unemployment insurance benefits during this period
- Provisional daily rate: 80 per cent of the weekly allowance
- A comparative calculation is also carried out



CHILDCARE ALLOWANCE ACCOUNT	INCOME-RELATED CHILDCARE ALLOWANCE
<p>Amount and duration of entitlement</p> <p>The period for which the childcare allowance is paid as an account can be chosen flexibly within a predefined framework:</p> <ul style="list-style-type: none"> • Basic variant for utilisation by one parent: 365 days from the birth of the child; Both parents: 456 days from the birth of the child; Daily amount: 41.14 euros • Longest variant for utilisation by one parent: 851 days from the birth of the child Both parents: 1,063 days from the birth of the child; Daily amount: 17.65 euros <p>In the shortest variant, the childcare allowance amounts to 41.14 euros per day, in the longest variant 17.65 euros per day. The longer you draw, the lower the daily amount. The amount of the benefit depends on the individually selected benefit period.</p> <p>Of the total amount available per child, 20 per cent is non-transferable and reserved for the second parent (91 days in the shortest variant).</p>	<p>Amount and duration of entitlement</p> <p>The daily allowance principle also applies to income-related childcare allowance:</p> <ul style="list-style-type: none"> • Entitlement max. 365 days from birth • Amount max. 80.12 euros per day <p>The gainful employment in the 182 calendar days immediately before the birth of the child or before maternity leave must be continuous and subject to compulsory health and pension insurance in Austria.</p> <p>The calculation of favourability carried out by ÖGK is based on the income from the last calendar year before the birth of the child.</p> <p>Of the total amount available per child, 20 per cent is non-transferable and reserved for the second parent (61 days).</p>



Contribution to the lump-sum childcare allowance account

Entitlement to a lump-sum childcare allowance account:

- Single parents, if they present a document stating the identity of the other parent or, in the absence of such a document, if they make a corresponding declaration. You must make a declaration that you are not in a partnership with the other parent or another person. The additional income of the receiving parent may not exceed 8,600.00 euros per calendar year
- Couples, i.e. mothers/fathers who are married or cohabiting. The additional income of the receiving parent may not exceed 8,600.00 euros per calendar year. The additional income of the other parent (partner) may not exceed 18,000.00 euros per calendar year

The prerequisite for the granting of the allowance is the award of the childcare allowance. Recipients of the income-related childcare allowance do not receive any allowance

The allowance is paid out for a maximum of 365 days from the first application in the amount of 6.06 euros per day.

Partnership bonus

If both parents have received childcare allowance in approximately equal shares (50:50 to 60:40), there is a partnership bonus of 500.00 euros per parent. A corresponding application must be submitted within 124 days of the last day of the maximum possible period of entitlement for both parents in the chosen variant.

Family time bonus

Family time is a 28-day to 31-day break from work. A father (including an adoptive or foster father) is entitled to the bonus for his child if:

- There is an entitlement to family allowance for this child and family allowance is actually received
- He, the child and the other parent have their main residence in Austria
- He is on family leave during the entire entitlement period
- He, the child and the other parent live in the same household on a permanent basis and have the same main residence registration
- He has been in gainful employment subject to compulsory health and

pension insurance in the last 182 days before the start of entitlement and has not received any unemployment insurance benefits during this period

- He, the child and the other parent, if they are not Austrian citizens, can prove that they have a residence permit in accordance with the Settlement and Residence Act or the Asylum Act 2005
- An application for family leave must be submitted within 91 days of the birth of the child. The family time bonus cannot be claimed at the same time as the childcare allowance. The amount of the bonus is 54.87 euros per day. There is health and pension insurance during the family period

Parent-child passport examinations

Parent-child passport examinations help to protect the health of the expectant mother and her children. The rapid detection and treatment of possible illnesses is an essential task of the parent-child passport examinations.

If the ten mandatory parent-child passport examinations are not carried out or documented in good time, the entitlement to childcare allowance is reduced by 1,300.00 euros per parent (plus 650.00 euros for each additional multiple child). This applies to both the KBG account and the income-related childcare allowance.

Healthy teeth

Do you have toothache, crooked teeth or even missing teeth? The following services are offered in the ÖGK dental health centres and by contracted dentists:

- Conservative surgical dental treatment
- Orthodontics
- Dentures

These are free of charge on presentation of the e-card. However, some services are subject to a patient contribution or must fulfil certain conditions.

Conservative surgical dental treatment

The free conservative-surgical dental treatment in the ÖGK dental health centres or at the contracted dental practitioners includes, among other things:

- Examining the condition of the teeth, including taking x-rays and providing dental advice
- Plastic fillings in the anterior region
- Root canal treatments
- Surgical interventions
- Removal of teeth and tooth roots
- Tartar removal
- Oral hygiene for children and adolescents between the ages of 10 and 18.

If services that are covered by the contract, are provided by an elective dentist in Switzerland or abroad you

must first pay the invoice yourself and then submit it. You will receive a reimbursement from ÖGK amounting to 80 per cent of the corresponding contract rates.

Orthodontics and braces

Regular visits to your dentist will help to recognise misaligned teeth in good time. Jaw adjustments (braces) correct misalignments of the teeth. Your dentist will decide which type of jaw adjustment is most suitable. You can choose between removable and fixed orthodontic appliances as well as small orthodontic appliances. In certain cases, children receive "free braces".

This applies to both removable and fixed braces. The general prerequisite for cost sharing by ÖGK is that the treatment proposal is submitted and approved by the ÖGK Dental Service. The dentist treating the patient usually takes care of the submission. Ask to be sure.

"Free braces" for children and young people

The "free braces" are paid for by the ÖGK if medically necessary. This is determined on the basis of the internationally recognised IOTN index (Index of Orthodontic Treatment Needs), which is divided into severity levels IOTN 1 to 5. The ÖGK will cover





the costs for a severity grade 4 or 5 deformity.

The scheme includes two health insurance benefits:

1. Early childhood orthodontic treatment for severe malocclusions is carried out up to the age of around ten and is usually performed using removable braces ("interceptive treatment").
2. Fixed braces for children and adolescents between the ages of around 12 and 18 ("main orthodontic treatment").

There must be at least one year of treatment interruption between the end of "interceptive treatment" and the start of "main orthodontic treatment". Before the start of the "main orthodontic treatment", the degree of

misalignment of the jaw must be reassessed by the contract orthodontist. Whether a child receives early childhood treatment with removable braces or fixed braces depends on the development of the jaw.

"Interceptive treatments" are carried out by dentists or orthodontists who have a contract with ÖGK. ÖGK's dental health centres also offer this service at many locations. The "main orthodontic treatment" is available exclusively from contracted orthodontists and in almost all ÖGK dental health centres.

All information about braces at dentists or orthodontists without a health insurance contract and possible reimbursement of costs can be found at www.gesundheitskasse.at.

Removable braces

ÖGK covers 70 per cent of the costs for contracted dentists, which is currently 798.00 euros (rate in 2025) per year of treatment. 30 per cent is paid by the patient themselves, i.e. 342.00 euros per year of treatment. Aligner therapies are not considered removable braces. ÖGK does not cover any costs for this.

Elective dentists are free to set their own fees. A price comparison is therefore worthwhile. ÖGK recommends that its insured persons obtain a cost estimate. ÖGK reimburses 80 per cent of the health insurance contribution, currently 638.40 euros (rate in 2025) per year of treatment. This is a fixed amount and has nothing to do with how much the elective dentist actually charges.

Please note: Some contract orthodontists are also elective dentists. If your child receives removable braces and is not entitled to "free braces", the same conditions apply for these contract orthodontists as for elective dentists. That means: You must first pay the invoice yourself and can then submit the netted fee note for reimbursement. If in doubt, ask your contracted orthodontist whether he or she provides the removable braces as a contracted dentist or as an elective dentist.

Fixed braces

If the requirements for "free braces" are not met, the following applies: A

cost subsidy of up to 798.00 euros (rate in 2025) per year of treatment is currently possible for fixed braces. It does not matter whether the practitioner is a dentist or an orthodontist with or without a health insurance contract. You must apply to the ÖGK for the cost subsidy and submit the balanced invoice. Authorisation by the ÖGK Dental Service is absolutely necessary.

Dentures

In general, a distinction is made between **removable dentures** (e.g. false teeth) and **fixed dentures** (e.g. crowns). Fixed dentures are not a contractual benefit. Your dentist knows which dentures are best suited for you.

Removable dentures

ÖGK pays for removable dentures including medically necessary retaining elements (clasp crowns) for its insured persons and their co-insured relatives.

Your treating contract dentist (contract facility) will issue you with the "Application for cost coverage for dentures" form for the fabrication of dentures. You must obtain authorisation from the ÖGK before starting treatment.

In the case of removable dentures, the patient is required to share the costs. You pay 25 per cent of the tariff costs as a deductible for treatment by a contract dentist. This concerns:



- Plastic and metal framework prostheses and their repair
- Full metal crowns on clasp teeth and
- Veneering metal-ceramic crowns for partial dentures

The contract dentist or a contract facility will settle the health insurance portion directly with ÖGK and will only invoice you for the patient portion.

If you use an elective dentist, you will initially pay for the services yourself. You can then submit the fee note (including proof of payment) to the ÖGK for reimbursement. You will be reimbursed by ÖGK for 80 per cent of the tariff costs reduced by the deductible.

Fixed dentures

Fixed dentures such as crowns, bridge abutments, pontics and pin teeth, cast pin abutments, implants etc., are not covered by ÖGK. The costs of

these private services must be paid in full by the patient.

In medically justified special cases, a subsidy is paid if authorisation has been obtained from the ÖGK Dental Service prior to treatment. This is the case with:

- Patients with cleft lip and palate
- Tumour patients in post-operative rehabilitation
- Patients after polytraumatic jaw fractures in post-traumatic rehabilitation
- Patients with extreme jaw conditions (e.g. atrophy of the alveolar ridge)
- Aplasia in the area of teeth one to five in the upper or lower jaw

Free oral hygiene for children and young people

ÖGK covers the costs of oral hygiene once a year (at least 12 months apart) for insured persons and co-insured relatives between the ages of 10 and 18. If a patient in this group undergoes orthodontic treatment with fixed appliances, ÖGK covers the costs of oral hygiene twice a year. There must be at least six months between the two dates. The free oral hygiene service is available from all contract dentists and ÖGK dental health centres. If you have an elective dentist, you will receive a reimbursement of 80 per cent of the contract rate, which is 53.36 euros in 2025.

Service plus

Telephone health counselling 1450

Health problems at the weekend or sudden symptoms can be worrying. When pain occurs in the middle of the night or at the weekend, an insect bite swells up or there is cramping in the stomach, people are often unsure whether they should seek medical help and which centre would be the right one to go to in this situation.

The telephone health counselling service offers quick and competent support in such cases. Specially trained, qualified nurses provide advice directly over the phone by dialling 1450. The employees help quickly and unbureaucratically. They offer help and answers to all health-related questions and guide those affected to where they can receive the best care for their health problem.

The 1450 telephone health counselling service is a joint project of the Federal Ministry of Social Affairs, Health, Care and Consumer Protec-

tion, the social insurance funds and the federal provinces.

The service on the phone is very simple:

- Call 1450 without an area code using your mobile phone or landline – 365 days a year, at any time of day or night
- Using a standardised questionnaire, the specially trained, qualified nursing staff will determine what your concerns are
- As soon as the urgency and a suitable procedure have been determined, the team will plan further care with you. The recommendations range from tips for self-treatment to consultation with a registered (specialist) doctor to a visit to a hospital outpatient clinic. If your problem turns out to be acute, the emergency services will be called

The service is free of charge. You only pay the usual call charges according to your telephone tariff.

When it hurts! 1450. Further information is also available at www.gesundheitskasse.at or www.1450.at.

Die schnelle Hilfe
am Telefon.

www.1450.at



Wenn's weh tut!
1450

Ihre telefonische
Gesundheitsberatung

There for you online

Website and social media

ÖGK is there for you around the clock. The website offers comprehensive information, services and news for insured persons, employers and contractual partners.

Just take a look – it's worth it: www.gesundheitskasse.at

You can also visit us on:

- Facebook: www.facebook.com/gesundheitskasse.at
- LinkedIn: www.linkedin.com/company/gesundheitskasse/
- Instagram: @gesundheitskasse_at.
- YouTube: www.youtube.com/c/osterreichischegesundheitskasse

Practical (health) tips, stories about ÖGK and its 13,000 employees, recipes and interactive elements such as surveys and quizzes await you. We are a growing community – be a part of it. We look forward to your likes, shares and comments!

Your preferred date at ÖGK

Simple, fast, secure: ÖGK policyholders have the option of making personal consultation appointments online at most customer service centres. This option is available for the e-card with photo and for benefit-related questions on sick leave, co-insurance, exemption from prescription charges or pregnancy and birth. The big advantage for you: Any waiting times are avoided and your counsellor is available to you immediately.

ly. And if something should come up, you can easily cancel the appointment online.

Simply select your desired date for your request on page www.gesundheitskasse.at/termin. When booking an appointment for the first time, you must create a customer profile.

Online service and app: Meine ÖGK

Submitting applications, printing out confirmations, calling up information – where a lot of paperwork and long journeys used to be necessary, Meine ögk is used today. The comprehensive 24-hour service is available free of charge to all ÖGK policyholders.

You can use Meine ÖGK to conveniently take care of all your health insurance needs:

- Submit invoices from elective doctors
- Show cost reimbursements
- View insurance periods (insurance data extract)
- Apply for childcare allowance
- Apply for self-insurance
- Submit an application for a therapy, recuperation or rehabilitation programme
- Show paid prescription charges
- Show medical treatments
- Query pension account and much more

Your personal data is protected by the latest security standards. To register

with Meine ÖGK (www.meineoegk.at) you need the ID Austria.

You can find more information about ID Austria at www.oesterreich.gv.at/id-austria/.



Meine ÖGK is also available as an app. Find doctors and pharmacies near you, book appointments online or contact us – simply scan the QR code and download the Meine ÖGK app.

Ombudsman's office

If you are ill, it is important to get help quickly and unbureaucratically. The ombudsman offices of the ÖGK in the federal states are your points of contact if you are looking for advice and support. They mediate in the event of misunderstandings and disagreements and work closely with other health and social services to find

satisfactory solutions for all parties involved. The aim is to provide a high quality of service for insured persons on the basis of statutory provisions and medical decisions. This is also the right place for suggestions, feedback and praise. You can find the ombudsman's office for your federal state at www.gesundheitskasse.at/ombudsstelle.

Support fund

Help in emergencies: ÖGK would like to help people in financial difficulties and therefore offers voluntary grants from the support fund (U-Fonds). Insured persons can apply for a subsidy in the event of financial burdens in connection with an illness or medical treatment that results in a health insurance benefit. The family, income and asset circumstances of the person concerned are taken into account.



To receive a grant from the support fund, a written application must be submitted together with the relevant documents.

Among other things, proof of income from all persons living in the joint household (e.g. wage and salary slips, proof of pension) as well as invoices and cost estimates are essential.

Further information on the support fund is available from our customer service centres and at www.gesundheitskasse.at.

ELGA – the electronic health record

The electronic health record ELGA links health data that exists at various points in the healthcare system. This means that the health data is not stored centrally. ELGA only tells you that the relevant health data is available and can be accessed by authorised health service providers (doctors in private practice, hospitals, laboratories, etc.). Data security is guaranteed at all times: Access to ELGA data is subject to the strictest access restrictions, and data transport is exclusively encrypted. Communication between ELGA healthcare providers must take place via their own healthcare networks. Patients have the opportunity to view their own health data via the ELGA access portal www.gesundheit.gv.at – this is possible any time and anywhere using ID

Austria. You also have an overview of who has viewed which data, can control data access and also delete document references. It is possible to object to participation in ELGA in whole or in part.

ELGA offers patients quick and uncomplicated help: Thanks to ELGA, treating doctors, hospitals, pharmacies and care facilities are able to quickly and easily view preliminary findings, discharge reports or medication currently being taken by insured persons. This information supports medical, nursing or therapeutic treatment and care – especially when several healthcare facilities or professional groups work together to provide treatment. The big advantages: Doctors have quick and easy access to information for the best possible treatment. This also applies to emergencies. In addition, duplicate or even multiple examinations can be avoided.

ELGA is a joint project of the federal government, the provinces and the Austrian social insurance system. Further information can be found at www.elga.gv.at.

e-medication

If you have to take several medications at the same time, it can be easy to lose track. However, this can sometimes be dangerous, as some active ingredients have interactions – whether with prescription medicines or over-the-counter products.

E-medication is part of ELGA and increases safety when taking medication. Patients themselves as well as doctors, outpatient clinics and hospitals thus have an up-to-date overview of prescribed medicines and medicines dispensed in pharmacies – including non-prescription medicines that are relevant to interactions.

Doctors can see at a glance which preparations have already been prescribed by other doctors and have been collected from the pharmacy. Pharmacies can also access this and thus offer better advice on the additional purchase of over-the-counter medicines.

This is because a lack of information about the medication status of patients can lead to multiple prescriptions, undesirable interactions caused by the ingredients or an overdose of the active ingredients. It is important that the e-card is inserted in the pharmacy. Only then can over-the-counter medicines be stored in the e-medication list.

e-vaccination card

The switch from the sickness certificate to the e-card has shown the way – now the paper vaccination card is to become a thing of the past in the long term. With the e-vaccination certificate, every citizen receives a tool for preventive healthcare that documents their vaccinations and provides personalised vaccination recommendations. The vaccination data is

stored in a central Austrian vaccination register.

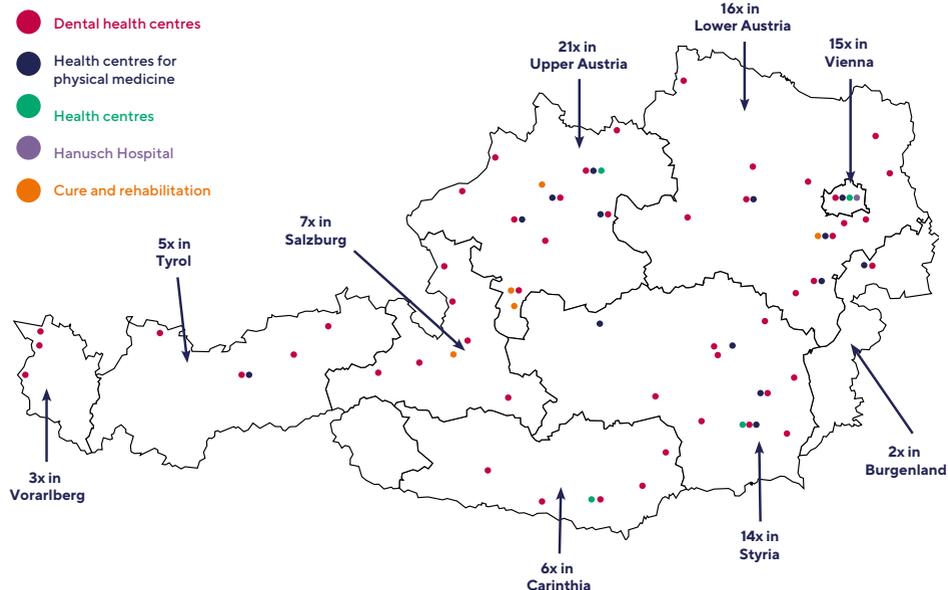
e-prescription

A prescription can be filled at the pharmacy without a paper prescription. By inserting the e-card, scanning the QR code or entering the e-prescription ID in the pharmacy, the prescribed medication is automatically retrieved. This allows the e-prescription to be redeemed and the associated prescription fee to be recorded. However, patients can still have their prescriptions printed out on paper in the surgeries on request. A major advantage of the e-prescription: The prescription fees are credited to the prescription fee account on a daily basis. Patients are exempt from the prescription fee the day after the prescription fee limit is exceeded.



My healthcare facilities

ÖGK operates 89 of its own healthcare facilities throughout Austria. 4,800 highly qualified doctors, dentists, nurses, therapists, psychologists, technicians and administrative staff make an important contribution to medical care for people in Austria. ÖGK's healthcare facilities are available to insured persons from all health insurance funds.



My dental health centres

The **61 dental health centres** throughout Austria offer cutting edge dentistry and boast state-of-the-art equipment. Their services range from oral hygiene and conservative dental treatment to dentures, implants and orthodontics. In an emergency, the dental health centres help patients quickly and expertly.

www.gesundheitskasse.at/zgz

My Hanusch Hospital

The **Hanusch Hospital** in the Penzing district of Vienna is a modern specialist hospital. Ten departments with numerous wards, outpatient clinics and day clinics as well as institutes and centres offer cutting-edge medicine. The hospital is also home to research facilities for ophthalmology, cardiology, haematology and osteology. ÖGK's Hanusch Hospital cares for around 200,000 patients every year and performs around 20,000 operations according to the latest medical standards.

Departments with beds at Hanusch Hospital:

- Internal Medicine (1st Medical Department)
- Cardiology (2nd Medical Department)
- Haematology and Oncology (3rd Medical Department)
- Anaesthesiology and Intensive Care
- Medicine
- Ophthalmology
- Surgery and Vascular Surgery
- Ear, Nose and Throat Medicine
- Gynaecology
- Orthopaedics and Traumatology
- Urology

www.hanusch-krankenhaus.at

My health centres

Experts from many different disciplines work together under one roof in the **seven health centres** in Vienna, Linz, Klagenfurt and Graz. The services on offer range from ophthalmology to wound management. Preventive medicine is particularly important to us. The Vienna health centres work closely with the Hanusch Hospital to ensure continuous medical treatment across different levels.

www.gesundheitskasse.at/gz

Overview of the services offered by the health centres

*Services offered by the Internal Medicine department.

**Services offered by the Surgery department.

Service	Landstraße	Mariahilf	Favoriten	Floridsdorf	Graz	Klagenfurt	Linz
General medicine	✓	✓	✓	✓			
Ophthalmology	✓	✓	✓	✓	✓		
Surgery			✓		✓		
Dermatology	✓	✓	✓	✓	✓		
Diabetes	✓	✓	✓	✓	✓*	✓*	
Endoscopy		✓	✓		✓	✓*	
Nutritional advice	✓	✓	✓	✓	✓*		
Gastroenterology		✓	✓		✓	✓*	
Vascular medicine	✓	✓	✓	✓	✓**		
Gynaecology	✓	✓	✓	✓	✓		
Haematology	✓	✓		✓	✓*		
Ear, nose and throat medicine	✓	✓	✓	✓	✓		
Internal medicine		✓	✓	✓	✓	✓*	
Interdisciplinary oncological aftercare outpatient clinic		✓					
Medical examinations for young people		✓			✓		
Cardiology	✓	✓	✓	✓	✓*	✓*	
Paediatrics			✓	✓			
Child and adolescent psychotherapy		✓					
Laboratory	✓	✓	✓	✓	✓	✓*	
Speech therapy				✓			
Pulmonary medicine		✓	✓		✓*		
Mother-child passport centre					✓		
Neurology		✓	✓	✓	✓		
Nuclear medicine			✓				
Orthopaedics		✓	✓	✓	✓		
Osteology-endocrinology			✓		✓*		
Psychiatry		✓		✓	✓		
Psychotherapy	✓	✓		✓			✓
Radiology		✓	✓	✓	✓	✓	
Rheumatology		✓		✓	✓		
Thyroid	✓		✓		✓*	✓*	
Urology	✓	✓	✓	✓	✓		
Preventive medical check-up	✓	✓	✓	✓	✓	✓	✓
Wound management	✓		✓	✓	✓		

My health centres for physical medicine and rehabilitation

The **15 health centres for physical medicine and rehabilitation** help patients to live as pain-free and independently as possible again by improving their mobility and strength. Treatment concepts are always tailored to the individual patient. The spectrum ranges from group exercise therapy, electrotherapy and manual therapy to individual therapeutic exercise and medical training therapy. ÖGK offers multimodal pain therapy at the Neubau health centre in Vienna. Upper Austria and Innsbruck also offer occupational therapy and speech therapy. Outpatient rehabilitation is also possible in Upper Austria.

www.gesundheitskasse.at/pmr

My health centres for recuperation, active preventive healthcare, therapy and rehabilitation

In the **five health centres for recuperation, active preventive healthcare, therapy and rehabilitation**, patients receive empathetic and expert support to regain their strength. Special services are aimed at family carers and deaf people.

www.gesundheitskasse.at/kur-reha

The five locations offer a wide but varied range of services:

Mein Peterhof, Baden

- Inpatient rehabilitation for the musculoskeletal system and rheumatology
- Inpatient pneumological rehabilitation, e.g. for long COVID syndrome with breathing difficulties
- Outpatient rehabilitation: Musculoskeletal system and rheumatology



© Alexandra Kromus

My health centre Linzerheim, Bad Schallerbach

- Healthcare active (GVA)
- Treatment for the musculoskeletal system and rheumatology
- Inpatient smoking cessation
- ANNA – Relatives take time out: Recuperation for family carers

My health centre Tisserand, Bad Ischl

- **Convalescent stays:**
- After operations and serious illness
- After cancer treatment
- For musculoskeletal disorders, e.g. after operations and injuries, for arthritis, rheumatism or osteoporosis
- For states of exhaustion
- Treatment for deaf people (our team speaks sign language)
- ANNA – Relatives take time out: Recuperation for family carers
- EMMA – Parents with a child take time out: Recuperation for parents of children with disabilities with childcare during the summer months

My health centre Hanuschhof, Bad Goisern

- Healthcare active (GVA)
- Cure for chronic pain syndrome
- Cure for burnout prophylaxis
- Treatment and recovery for musculoskeletal disorders, e.g. after operations or injuries and for rheumatism
- ANNA – Relatives take time out: Recuperation for family carers
- Outpatient multimodal physical therapies after operations, e.g. hip or knee replacements

My health centre Goldegg

- **Convalescent stays:**
- After operations
- After cancer treatment
- For musculoskeletal disorders, e.g. after operations and injuries, for arthritis, rheumatism or osteoporosis
- For states of exhaustion, e.g. treated depression, anxiety disorders, post-COVID/long COVID syndrome
- For metabolic diseases, e.g. type 2 diabetes, lipometabolic disorders



Andrew Phelps

My healthcare facilities and customer service centres

From Jennersdorf to Dornbirn, from Mistelbach to Hermagor: ÖGK is there for you everywhere in the country – and always close by. On the following pages you will find the addresses and telephone numbers of ÖGK's customer service centres and healthcare facilities at a glance, clearly arranged by federal state and postcode. Contact us if you need help and advice!

VIENNA

Mein Zahngesundheitszentrum Innere Stadt
1010 Wien, Renngasse 15

Tel. +43 5 0766-1140400

Kundenservice Leopoldstadt
1020 Wien, Lassallestraße 9b

Tel. +43 5 0766-118000

Mein Gesundheitszentrum Landstraße
1030 Wien, Strohgasse 28

Tel. +43 5 0766-1140300

Mein Zahngesundheitszentrum Landstraße
1030 Wien, Strohgasse 28

Tel. +43 5 0766-1140360

Mein Gesundheitszentrum Mariahilf
1060 Wien, Mariahilfer Straße 85-87

Tel. +43 5 0766-1140600

Kundenservice Mariahilf
1060 Wien, Mariahilfer Straße 85-87

Tel. +43 5 0766-118000

Mein Zahngesundheitszentrum Mariahilf
1060 Wien, Mariahilfer Straße 85-87

Tel. +43 5 0766-1140759
Tel. +43 5 0766-1140760

Mein Gesundheitszentrum für Physikalische Medizin Neubau
1070 Wien, Andreasgasse 3

Tel. +43 5 0766-1115070

Mein Gesundheitszentrum Favoriten
1100 Wien, Wienerbergstraße 13

Tel. +43 5 0766-111722

Kundenservice Favoriten
1100 Wien, Ada-Christen-Gasse 12

Tel. +43 5 0766-118000

Kundenservice Wienerberg
1100 Wien, Wienerbergstraße 15-19

Tel. +43 5 0766-110

Mein Gesundheitszentrum für Physikalische Medizin Favoriten
1100 Wien, Wienerbergstraße 13

Tel. +43 5 0766-114290

Mein Zahngesundheitszentrum Favoriten
1100 Wien, Wienerbergstraße 13

Tel. +43 5 0766-114291

Kundenservice Simmering
1110 Wien, Guglgasse 8, Gasometer B

Tel. +43 5 0766-118000

Mein Zahngesundheitszentrum Simmering
1110 Wien, Herbortgasse 22

Tel. +43 5 0766-1140100

Kundenservice Meidling
1120 Wien, Schönbrunner Schloßstraße 2, Tür 201

Tel. +43 5 0766-118000

Mein Hanusch-Krankenhaus
1140 Wien, Heinrich-Collin-Straße 30

Tel. +43 1 910 21

Kundenservice Penzing
1140 Wien, Hütteldorfer Straße 112

Tel. +43 5 0766-118000

Mein Zahngesundheitszentrum Hernals
1170 Wien, Rhigasgasse 8

Tel. +43 5 0766-1140150

Kundenservice Döbling

1190 Wien, Heiligenstädter Straße 31

Tel. +43 5 0766-118000

Mein Gesundheitszentrum Floridsdorf

1210 Wien, Karl-Aschenbrenner-Gasse 3

Tel. +43 5 0766-1140200

Kundenservice Floridsdorf

1210 Wien, Franz-Jonas-Platz 11

Tel. +43 5 0766-118000

Mein Zahngesundheitszentrum Floridsdorf

1210 Wien, Karl-Aschenbrenner-Gasse 3

Tel. +43 5 0766-1140260

Kundenservice Aspern

1220 Wien, Erzherzog-Karl-Straße 250

Tel. +43 5 0766-118000

Kundenservice Kagran

1220 Wien, Kagraner Platz 1

Tel. +43 5 0766-118000

Kundenservice Kinderbetreuungsgeld Wien

1220 Wien, Kagraner Platz 1

Tel. +43 5 0766-1114070

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